

# We Care 4 You Services Ltd

# Edmonton

## 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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

We Care 4 You Services Ltd, also known as Edmonton is a domiciliary care agency providing personal care to people living in their own homes. Nine people were receiving personal care from the service at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive 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

Not all risks to people's health and safety had been identified and assessed. Risk assessments did not always contain guidance for staff about how to reduce risks and support people to remain safe.

Medicines management and administration processes were not always safe. There was a lack of clear information, guidance and records to ensure people were receiving their medicines safely and as prescribed.

The provider had systems in place to monitor the quality of the service and make improvements where needed. However, they failed to identify some of the areas for improvement we found. The providers policies were not always up to date and reflective of current best practice.

Most people and relatives told us that they were satisfied with staff attending care calls on time. However, we identified gaps in the rota process where staff scheduled to attend a care visit differed from the staff who actually attended.

We have made a recommendation around ensuring care plans were person centred and reflective of people's assessed care needs. Some care plans lacked detail on how people's health and medical conditions impacted on the way they received care.

Staff were safely recruited with required checks completed prior to starting employment.

People were supported with health and medical needs and staff engaged well with health and care professionals.

People and their families spoke positively of the caring and supportive staff and management team. People were overall happy with the service.

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. However, the policies and systems in the service did

not support this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This service was registered with us on 31 July 2019 and this is the first inspection.

#### Enforcement

We have identified breaches in relation to medicines management, assessing risk 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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# Edmonton

## 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

This inspection was carried out by two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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.

#### 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 10 March 2021 and ended on 29 March 2021. We visited the office location on 10 March 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. 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

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the provider who is also the registered manager and three care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at five staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one social care professional involved with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe when receiving care. One person told us, "We get on with them a treat."
- Staff had received training in safeguarding and were knowledgeable around how and where to raise any concerns. One staff told us, "I report to the manager and write on the log."
- We saw that the registered manager had engaged with the local authority when safeguarding concerns had been reported. However, the provider's safeguarding policy did not refer to the

Assessing risk, safety monitoring and management

- The risks associated with care were not always managed safely.
- The risks associated with specific care needs or health conditions, for example, choking, pressure ulcers and high-risk medicines were not always assessed. Guidance was not always available to staff on how to keep people safe in a person-centred way.
- This placed people at risk of harm as risk assessments failed to provide enough information for staff to adequately understand or mitigate risks posed to the people they cared for.
- We also noted that where a person had a specific health condition which required specialised care, such as dysphagia or catheter, staff had not received training to ensure they were supporting the person in a safe way.

Using medicines safely

- We were not assured people received their medicines safely and as prescribed. Medicines Administration records (MARs) were not always completed when medicines were due to be administered. We spoke to the registered manager about this who advised that the medicines were administered but the MAR was not signed.
- Some MARs had been signed by staff who, according to rotas supplied to the inspection team were not scheduled to attend the care visit on that day or time. We were not assured of the integrity of the documents shown to the inspection team. The registered manager advised that the rotas had been changed at short notice and they had not been able to amend the rotas to reflect the care delivery on those days.
- Where people were prescribed 'As Required' medicines, such as painkillers, guidance was not available for staff on why or how often these medicines were to be administered.
- Medicines audits did not identify any of the concerns we found at this inspection. The provider was not following their own medicines policy.
- Care plans did not always reflect that people received support with medicines or how staff should provide

support.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines and risk were 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.

- Staff had received training around medicines management and had their competency to do so assessed by the registered manager.

#### Staffing and recruitment

- The required recruitment checks were carried out by the provider before employing staff to work with vulnerable people. Pre-employment checks such as Disclosure and Barring Service for any criminal convictions, employment history, references and identification were completed.
- We received a mixed response from people and families when we asked around timeliness and duration of care visits. People told us, "They are good time-keepers and they call us to explain if running late, for example traffic" and "Not always on time, sometimes they are busy and no explanation." A relative told us, "Two carers always show up and they stay the length of the call."
- At the time of the inspection, there was a small staff team employed who travelled from Enfield, North London to Buckinghamshire every day to deliver care. The registered manager was also part of the allocated care team. We were not assured that care visits were completed as per people's assessed needs or preferences as rotas did not clearly specify which staff were attending care visits and when. We checked the rota system and found on occasion, care staff were scheduled to be attending two care calls at the same time, or call visits overlapped.
- We raised this with the registered manager who told us that they had made an error on the rota and because they were working delivering care themselves, had not had time to correct the rota. They confirmed that they had since employed additional care staff which meant they could devote more time to their management role and a part time administrator was also employed to assist with administrative tasks.

#### Preventing and controlling infection

- Staff wore Personal Protective Equipment (PPE) in line with government guidance. A person told us, "They wear the masks, gloves and aprons etc."
- Staff had received training around infection control and COVID-19 and a weekly testing procedure for staff was managed by the registered manager. A staff member told us, "We have lots of PPE. We change gloves etc. Remove from inside out. Throw in bin, wash our hands. I have regular test every week. My last one was yesterday. I'm waiting for the result."
- We found that the provider's policy around infection control was not reflective of current government advice and guidelines and was not specific to the type of service the provider was operating. We informed them of this, and they advised that they would review and amend accordingly.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and documented, and we saw that the registered manager engaged with the appropriate health professionals following incidents of concern.
- Learning was shared with staff in meetings and supervision sessions.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff told us they were supported to attend training and felt well supported in their role through regular supervisions with the registered manager.
- Staff told us, "We have supervisions every month." Records seen confirmed that staff had regular supervisions and topics such as COVID-19, training and any concerns were discussed."
- People told us they felt that staff were well trained and confident with using equipment, such as hoists. One person told us, "They are very confident [with the hoist]."
- We saw evidence of a comprehensive staff induction and training programme which included access to a variety of online courses in topics related to safe care delivery.
- However, we found that not all staff had completed training in areas such as safeguarding adults, moving and handling and Mental Capacity Act (MCA). The registered manager told us that any outstanding training would be arranged with staff as soon as possible.

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

- People's needs were assessed before they started using the service.
- A care plan was written based on the information obtained during the assessment process by the registered manager. However, we found some instances where information relating to people's health and care needs was not reflected in people's care plans. We report further on this in 'Is the service responsive?' section of the report.
- We highlighted examples of what we found to the registered manager during the inspection who advised that they would review each person's care plan to ensure they were reflective of people's care needs.

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

- People and relatives were happy with the support received with their meals. Feedback included, "They prepare the drinks [thickened]" and "They serve me toast in the morning."
- People were supported by staff with food and drinks of their choice. Some required already prepared meals to be warmed up and others required snacks to be prepared.

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

- Most people, or their families, arranged their own healthcare appointments. Where staff supported people with appointments, we received positive comments about how staff helped people to access healthcare services.

- Where people had regular health input, such as district nurses, we received positive feedback from relatives on the cross working and communication between both parties.
- Detailed records were kept by the registered manager following any appointments or multi-disciplinary meetings with health professionals which were updated in people's care files.

#### 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.

- There were inconsistencies around how people consented to their care. Some care plans detailed where consent to care was appropriately documented. Other care files lacked information around people's capacity and whether care related decisions were made in that person's best interests.
- We raised this with the registered manager who advised that all care plans would be reviewed and updated.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care

- Most people and relatives spoke positively of the friendly and caring nature of the staff team. A person told us, "They have become part of the family. They are very happy with it and it's a place of laughter." A relative told us, "The staff are very friendly and approachable."
- Care staff spoke positively about their caring role and told us they had established good relationships with the people they supported and their families. We heard from people and relatives that they had a regular team of care staff who knew their needs well. One person told us, "They will do any reasonable thing we ask."
- People and relatives told us they were involved in care planning and regular care reviews. One person told us, "We went through everything with them and have a full contract." They commented that they had initial meetings with the registered manager and worked closely to develop the care plan and ensure it met their needs. One relative commented on the flexible approach of the service. They told us, "It's a three-way discussion."
- People's care plans recorded information about their personal characteristics such as their marital status, cultural background and if they practiced a religion. This meant that staff were provided with personalised information to help them know and understand people's care needs.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they felt staff respected their privacy and dignity. A person told us, "They draw the curtains and leave me in privacy when I am on the commode." Staff gave us examples of how they supported people to maintain their privacy.
- We also had feedback from relatives that staff were patient and encouraging when supporting people after a period of hospital admission. This helped people regain their independence again.
- One person commented that having support from the service meant that they could remain living at home with their spouse, which they were very grateful for. They told us, "We couldn't be any happier." A relative told us that staff were working to support a person to regain independence in aspects of their daily living activities.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- We found care plans and assessments lacking detail on how staff should support people with daily tasks, such as eating and drinking, personal care and moving and transfer.
- Where people had specific medical and healthcare needs, such as pressure ulcers and dementia, care plans did not provide staff with guidance on how to support people in a person-centred way.
- Despite the issues we found with care plans, people and their relatives told us they were satisfied that their care needs were met. They spoke of a flexible staff and management team who responded to changes in their needs or preferences. One relative told us, "Care staff put [Person] on their different sides, and document so we know they haven't been on their side too long. They have always been in a comfortable position."

We recommend that the provider seeks guidance and advice from a reputable source, in relation to care planning.

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's communication abilities and needs were documented in their care plans and during the assessment process.

Improving care quality in response to complaints or concerns

- Most people and relatives told us that they were happy with the care they received and had no complaints. One person did raise concerns around call times and staff rushing to complete visits. This was referred to the registered manager to review.
- There were no complaints documented in the provider's complaints records. However, we noted from conversations with people and relatives that where they had raised concerns in the past, but not a formal complaint, these were not documented.
- We spoke to the registered manager about ensuring all concerns raised with people were documented, investigated and actions taken were recorded. They assured us this would be implemented.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.
- There was provision in people's care files for documenting their end of life care wishes, if they chose to do so.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems for monitoring the service were in place but not always effective. Systems had failed to identify issues with assessing risk, medicines management, staffing and rotas, record keeping and care planning.
- The registered manager carried out audits at the service, however as they were also providing care at the time of the inspection, they had not devoted enough time to ensuring their auditing procedures were developed enough to identify and act on concerns.
- We found some of the provider's policies and procedures, for example, infection control, safeguarding, recruitment and chocking policies generic and not relevant to the service they were providing. Some of their policies referred to residential care and were not reflective of current best practice and guidelines.

Whilst we found there was no evidence that people had been harmed as a result of the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the quality of care at 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.

- The registered manager was responsive to the concerns raised throughout the inspection and provided assurances that the concerns identified would be addressed. They provided us with a service improvement plan following the inspection feedback setting out the improvements they planned to make over the next year, such as additional administration support staff and improving the rostering system.

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

- People and their families were overall satisfied with the care they received. They praised the caring staff team. One relative told us, "They are very good." A person told us, "They are nice genuine people."
- Everyone we spoke with knew the registered manager and told us they could contact them if they had any requests or queries. One relative told us, "I speak to [registered manager] regularly."
- Staff told us they liked working for the company and found the registered manager approachable and supportive. A staff member told us, "I can contact [registered manager] and ask any questions. He always explains." A second member of staff told us, "The manager is easily reachable."
- The registered manager understood their legal responsibility to be open and honest with people, families and professionals when issues arose.

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

- People and relatives told us they were regularly contacted for feedback on the service received. One person told us, "They always ask us for feedback." A relative told us, "[Registered Manager] pops in to check all is okay."
- Staff confirmed that they were involved in the running of the service and asked for feedback. Some staff told us they were asked for their input around care planning and attended regular staff meetings. One staff told us, "We have meetings every month and supervisions every six weeks." A second staff told us, "The manager asks for feedback about any changes regarding clients at reviews."
- The registered manager carried out a survey in late 2020 which was overall positive. The feedback was analysed, and where a response indicated that there was an area for improvement, for example, around call times, it was not clear what actions were taken to address the feedback. We spoke to the registered manager about this and were advised that actions were taken to address the concerns at the time.
- The service worked in partnership with other professionals and agencies, such as social workers and the community nursing team.

This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess and manage risk relating to people's health and welfare, including those associated with medicines.</p> |
| Regulated activity | Regulation   |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not robust enough to demonstrate quality and safety was effectively managed.</p>   |