

WE-CARE-RECRUITMENT LTD

We-Care-Recruitment Ltd

Inspection report

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Date of inspection visit:
19 September 2018

Date of publication:
02 November 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 September 2018 and was announced. We-Care-Recruitment Limited is a Domiciliary Care Agency that provides personal care to people with a variety of needs living in their own homes. At the time of inspection, the service was delivering personal care to four people living in their own homes.

At the time of our inspection a registered manager was in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This is the first inspection of the service since it was registered with the Commission.

At this inspection we found the service was not always safe and well-led. Therefore, the service has been rated as Requires Improvement in these domains. The service has been rated Good in effective, caring and responsive. As a result, the service was rated overall as Requires Improvement.

The registered manager conducted some quality assurance audits to monitor the running of the service. However, records didn't always reflect these had been completed to monitor, assess and improve the quality of the service being delivered. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Required checks for new staff were not always completed to ensure staff were fit to undertake their role and were of good character. This is a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

There was a complaints process in place and where complaints had arisen, the provider had taken action that was appropriate. However, records did not always reflect the investigation that took place to respond to the complaint. We have made a recommendation that the service seeks current guidance on establishing and operating an effective and accessible system for dealing with complaints.

Investigations took place when accidents or incidents happened. However, records did not always reflect the investigation that took place or that lessons learnt had been disseminated to the staff team. People told us they felt safe. There were systems in place to protect people from the risk of abuse and potential harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare.

The provider had continuity plans in place to ensure that people's support needs would still be met in emergency situations. Infection control policies and procedures were followed to ensure the control of

infection.

People and their relatives spoke positively about the care and support offered by We-Care-Recruitment Ltd. People told us they had formed trusting relationships with staff. People's privacy and dignity were protected. People and their relatives told us staff treated them with respect.

Staff had a good understanding of people's needs and were kind and caring.

People had their needs assessed and received appropriate person-centred care that was individualised to their specific needs. Care and risk plans were reviewed and the service worked in partnership with external agencies to meet people's needs.

Staff were aware of their responsibilities to ensure people's rights were promoted. Where required people were supported to access healthcare services to maintain their health and wellbeing.

Staffing levels were monitored by the registered manager to ensure sufficient staff were on duty to keep people safe. Staff received the training they required to help them keep people safe.

People and their relatives were encouraged to comment on how they felt about the service provided.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always Safe.

The provider didn't always ensure that appropriate checks were made to ensure potential staff were fit for their role and of good character.

It was not always clear that investigation into incidents and accidents had taken place and that learning had been disseminated to staff.

People told us that they felt safe.

Staff were knowledgeable and understood their responsibilities to safeguard people from abuse.

People were supported by sufficient staff to meet their individual needs.

Is the service effective?

Good 

The service was Effective.

People's health, social and care needs were assessed prior to them starting to receive personal care services.

Staff received training to ensure they were skilled to meet people's individual needs.

People were supported with their hydration and nutrition needs.

The service worked in partnership with healthcare professional to support people.

Is the service caring?

Good 

The service was Caring.

People and relatives told us staff were kind and caring.

The service proactively involved people in the care that they received to ensure it was meeting their needs.

People told us their privacy was respected and their dignity was maintained.

People's confidential information and records were stored appropriately and securely in the office.

Is the service responsive?

Good ●

The service was Responsive.

Complaints were responded to appropriately. However, records did not always reflect that complaints were investigated and dealt with appropriately.

People's care needs were assessed to identify the support they required and to ensure that the service was meeting their individual needs.

People's care needs were regularly reviewed.

People received information that met their communication needs.

Is the service well-led?

Requires Improvement ●

The service was not always Well led.

There were not always effective systems and processes in place to monitor and improve the quality and safety of the service.

The management team strived to create an inclusive environment.

People were encouraged to give feedback about the service.

The service worked with other organisations to ensure people received consistent care.

We-Care-Recruitment Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 19 September 2018; it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we therefore needed to be sure that someone would be available in the office to assist with the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key details about the service, what the service does well and improvements they plan to make. We contacted the local authority safeguarding team. We also requested feedback from community professionals. We received no responses.

During and after the inspection we spoke to one person who uses the service. We also spoke to two relatives of people who use the service. We spoke to four members of staff including care staff, a managing director and the registered manager. We looked at four people's care plans and associated documents. We checked three staff recruitment files, including the most recently recruited staff. We also looked at staff training records, quality assurance checks, compliments/complaints, accidents and incident records.

Is the service safe?

Our findings

The service kept recruitment records of staff. Records showed the provider had completed some checks including Disclosure and Barring Service (DBS) checks. These checks are used to identify if potential staff were of good character and were suitable for their role. However, records did not always reflect that the service was meeting the requirements as defined in Schedule 3 of the Health and Social Care Act. For example, all staff records we looked at contained gaps in staff's employment history and did not always give reasons for leaving their previous employment relating to working with vulnerable adults. The provider had not always sought satisfactory conduct information from staff's previous employment where they had worked with vulnerable adults in a health and social care setting. There was no evidence the provider had ensured that they had obtained satisfactory information about any physical or mental health conditions which were relevant to the staff's capability, after reasonable adjustments are made, to properly perform tasks in their employment. The provider didn't always assess whether an applicant was of good character. We discussed this with the registered manager who was unaware of these requirements to meet Schedule 3 but told us they discussed staff health at interview stage but failed to keep a record. Following the inspection the management spoke with staff members and the information relating to gaps in employment and this information was then made available. We signposted the registered manager to the relevant guidance to ensure they meet the regulations when recruiting new staff.

The above is a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People had risk assessments where risks were identified and management plans were in place. These were regularly reviewed. Examples included risks related to falls, using equipment such as stair lifts and the home environment. However, risk management plans did not always reflect the detail of how the risk was being mitigated. For example, in one person's file a risk of urinary tract infections (UTI) was identified. Records did not detail as to how this person may present and there was no detail of actions put in place to mitigate these risks. However, when asked, staff were aware of the risk and how to mitigate it and there was evidence of staff monitoring the person's intake of fluids. The person's relative told us, "They check on the amount of urine passed". They went on to say when their family member had a UTI, "they drew attention to it and contacted a district nurse". We discussed this with the registered manager who agreed to ensure that care plans and risk assessments clearly reflected how they supported people to mitigate any risks.

There was a system for recording accidents and incidents. Appropriate investigations had been made and actions taken when incidents happened. For example, following an incident where a person had fallen, the registered manager had suggested to the person and their relatives that a personal alarm pendant might support to alert staff and relatives. This would help mitigate risk should the person require to mobilise or if they fall. Following this a personal alarm pendant was obtained to help keep the person safe. However, records did not always reflect the investigation that took place or that lessons learnt had been disseminated to the staff team. We discussed this with the registered manager who agreed to address this to ensure the recording of incidents was robust and that any improvement was identified and shared with others to promote learning.

People told us that they felt safe. We asked one person if they felt the staff make them feel safe and they told us, "Oh yes, very safe". A relative told us when asked if staff support their relative safely, "Absolutely, I have no complaints or concerns". Another relative said, "[Staff] always tell me if they have any concerns".

Safeguarding and whistleblowing policies and procedures were in place which provided guidance and information to staff. Staff were knowledgeable and understood their responsibilities to safeguard people from abuse. One staff member said, "I would speak to my line manager...[and] seek advice if a person was at [risk of] harm". Another staff member told us, "I would notify my boss straight away".

Whilst there had not been any safeguarding alerts at the time of inspection, the manager was aware of the need to report any concerns to the local authority safeguarding team and the Care Quality Commission as required by their registration.

People were supported by sufficient staff to meet their individual needs. Staffing levels were determined by people's needs as well as the number of people using the service.

At the time of inspection the service was not delivering personal care to anyone who required support administering their medications. In preparation for providing this support, the provider had a medication policy in place and all staff had received medication awareness training.

The provider had an infection control policy in place. Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Staff confirmed they were provided with and used PPE to prevent the spread of infection. A relative told us, "They always wear gloves. [Name] says they use aprons too".

There was a business continuity plan for foreseeable emergencies such as severe weather to ensure people needs would continue to be met.

Is the service effective?

Our findings

People's health, social and care needs were assessed prior to them starting to receive support. These assessments were completed by the registered manager to ensure that staff were able to provide people with the care and support they needed to lead fulfilling and meaningful lives. We spoke with the registered manager who advised once it was agreed that care could be provided, more detailed care plans were in place that described, in detail, what people wanted from staff each day. People's preferred daily routine, including when they liked to get up or to go to bed and the support they would like with meals was also included. A relative told us that prior to the service starting to deliver care to their family member the provider discussed the care package that could be put in place. They said, "When it was first put in place they discussed it [with us]".

Staff received induction training that introduced them to policies, procedures and the expectations of their role. This was followed by a period of shadowing more experienced staff before they were able to work independently. Staff received training which incorporated the care certificate standards. There had been no annual appraisals yet, because all care staff had been with the service for less than six months. The provider ensured when people's needs changed, that staff received appropriate training to meet those needs. For example, the provider sourced training to ensure staff could continue to meet the person's needs effectively when they recently were required to use specialist equipment.

The provider assessed the competence of staff by direct observation in the form of 'spot checks'. The registered manager completed these observations to ensure staff were following best practice and meeting the needs of people in their care. We saw that where areas for improvement had been identified this had been discussed in staff supervision. Relatives told us they thought that staff were skilled to do their roles. One relative said, "[They are] excellent. Very good. Each of them have their own strengths".

Some people were being supported with their eating and drinking needs. The people we spoke with confirmed that staff supported them in this way. The level of support each person needed was identified in their care plan. One person's care plan stated, "A food diary / planner will be out stating what to make for lunch for [name]". A relative told us, "[Staff] always check what [name] is eating for lunch". Staff received food hygiene training which included information on how to support people with their fluid intake and nutrition. We saw evidence that hydration was discussed at a recent team meeting. Minutes of this meeting stated, "during the hot spell we need to be vigilant of dehydration. Each carer should ask the service users how much they have drunk that day and also a drink should be placed within reach for each service user".

The service worked and communicated with other agencies and staff to enable consistent and person-centred care. People had input from a variety of healthcare professionals to monitor and contribute to their on-going support. For example, GP's, occupational therapists and district nurses.

We looked at how the service was meeting the Mental Capacity Act 2005 (MCA). The 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. Staff had received training on the Mental Capacity Act 2005 and were able to describe how they supported people to be able to make their own decisions. One person who receives support from the service had a diagnosis of dementia. They had a sensor mat in place by their bed to alert their relative or staff member when they got out of bed, to reduce the risk of falling. The registered manager told us although at the time they were not involved, where people had been assessed as having limited capacity, that a best interest meeting and decision took place prior to this being implemented. Staff understood the principles of the MCA. One member of staff said, "[Some people are] not able to give consent to certain aspects of their care...but I would first seek their consent". Another staff member told us, "With things like bathing I always ask [permission] before I do them".

Is the service caring?

Our findings

People spoke positively about the staff and the support they received. One person told us, "They are always happy". They went on to say, "No complaints, they are very caring". Relatives told us staff treated their family member with understanding and kindness. One relative told us, "All of them seem to be very caring people. I always think what patience they have". Another relative told us, "[Name] thinks they [staff] are wonderful". Staff spoke positively about their work. One staff member told us, "I am really enjoying it".

The service proactively involved people in the care that they received to ensure it was meeting their needs. People's personal care plans clearly reflected that their views and opinions had been sought to make decisions about their care. One person told us, "They ask if I am happy with things". The service involved relatives where this was agreed and appropriate. A relative told us, "They always keep me involved".

People told us how their privacy was respected and their dignity was maintained. One person told us, "They always ask me [before delivering personal care]". Relatives told us that the service provided care which maintained people's privacy and dignity. One relative told us, "They make sure the door is closed [when delivering personal care]". A staff member told us, "I have the curtains closed before [delivering personal care]". This supported people's dignity, privacy and respect.

People's independence was promoted and people were supported to be as independent as possible. Language used in people's care plans was caring and respected people's privacy and dignity. Care plans guided staff on how to promote people's independence. For example, one person's file stated, "[Name] wants to be as independent and mobile as possible". Another care plan stated regarding personal care, "[Name] will do most himself assist where needed". A relative told us that staff "supervise [name]" to enable them to be more independent rather than do it for the person. Staff told us they promoted people's independence. One staff member said, "[People] like to be independent. I guide and assist where needed".

People's confidential information and records were stored appropriately and securely in the office.

Is the service responsive?

Our findings

At the time of inspection the registered manager told us there had been one complaint since the service had registered. The registered manager told us they had conducted an investigation and had resolved the matter to the complainant's satisfaction however had failed to keep a record of the investigation and outcome to evidence it was dealt with appropriately. People and their relatives said they knew who to speak to at the service if they had any complaints. One relative said if they were to have a concern, "We have [the registered manager's] direct number. We have every confidence in him".

We recommend that the service seeks current guidance on establishing an effective and accessible system for receiving, recording and responding to complaints.

People's care needs were assessed to identify the support they required and to ensure that the service was meeting their individual needs. Care plans had been reviewed when the people's needs changed. The plans included information on their preferences, daily routines and the support they needed with personal care. For example, one person's care plan stated, "[Name] likes to be called [name]". Care plans detailed how people wished to be supported. Another person's care plan stated, "prompt [name] to bed or downstairs which ever he prefers. This will change on each visit so take your time and be patient". A staff member told us, "[name] particularly wants a female [carer]." Relatives told us that people's needs are regular reviewed. One relative told us, "I know I am free to ask if we want something extra or if we needed to change the time". Another relative said, "[Staff] do everything that [name] needs".

The registered manager had an understanding of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. At the time of inspection all people accessing the service were funded privately and therefore this does not apply.

Is the service well-led?

Our findings

The registered manager told us that some quality assurance checks were in place to monitor and improve standards at the service. However, they had failed to record and evidence that these were reviewed to monitor and improve the quality of the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services. They help to ensure the provider meets appropriate quality standards and legal obligations. Records did not always reflect that quality audits had been carried out to identify areas for improvement. For example, the registered manager told us they had reviewed people's daily logs to ensure that these were of a good standard and contained appropriate information and detail as to the care being delivered. However, records did not always reflect that these had been completed and that actions had been identified for improvement.

The registered manager told us they monitored late and missed visits by staff calling or texting them when they arrive at a person's home. If care workers were going to be late, the registered manager would then contact the person to inform them. People and their relatives told us that staff were on time. One person said, "[Their] time keeping is good". A relative told us, "They always arrive on time". They went on to say, "[Staff] are very reliable". Another relative told us, "To date I don't think they have ever been late". However, records did not always reflect that regular audits had been completed to monitor missed or late visits. There was no evidence that records were kept of staff arrival times and whether patterns or trends were recorded to ensure the provider could monitor late or missed visits. The provider told us they were in the process of implementing a mobile application that staff would be able to use to identify when they arrive at a person's house and when they leave. This would allow the provider to monitor late and missed calls to identify patterns or trends to enable them to monitor effectiveness and improve the service.

The provider failed to ensure that they had effective systems and processes in place such as regular audits of the service provided to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager took on many roles within the service including delivery of care to people using the service. He told us this sometimes impacted on the resources available to manage the service as effectively as he would like. The provider informed us that they were in the process of appointing a member of staff who would support the registered manager in the day to day running of the service. This would allow the registered manager more time to focus on quality improvement within the service.

The registered manager and the management team strived at creating an inclusive environment to strongly encourage staff, people and their relatives to be involved in the service. People and their relatives told us they were happy with the support provided by the registered manager. One person said they had regular contact with the registered manager, "Oh yes, almost every day". A relative said, "[The registered manager] is

perfect for the job". Staff told us they felt supported by the management team. One staff member told us, "They encourage you to better yourself".

The provider had a system in place to log any safeguarding concerns and statutory notifications. Providers are required to submit statutory notifications to inform the Care Quality Commission (CQC) of certain events affecting people and the running of the service. At the time of inspection, the provider had not raised any safeguarding or submitted any notifications to CQC.

Policies and procedures were in place to cover all areas of the service. Areas covered included subjects such as dealing with medicines, safeguarding and moving and handling. These documents were regularly reviewed and updated as required.

The provider encouraged suggestions and feedback from people using the service, from relatives and staff to continually monitor the quality and suitability of the service provided. The registered manager promoted an open culture where people and staff were asked for their views of the service provided. People completed satisfaction surveys to express their views of the service. Where comments from people were received the service addressed them. We saw evidence that the provider had recently started regular team meetings. Minutes of these meetings showed that staff were given an opportunity to feedback about the service and their role.

The registered manager worked with other organisations to ensure people received a consistent service. This included other professionals involved in people's care such as district nurses. For example, the provider worked closely with a district nurse to provide specialist training to their staff.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes such as regular audits were not always in place to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)(a)(2)(b)(c)(f)</p>

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Required checks for new staff were not always completed to ensure staff were fit to undertake their role and were of good character.</p> <p>Regulation 19 (1)(a)(b)(c)(2)</p>

The enforcement action we took:

The provider was served with a warning notice, which required compliance with Regulation 19 by the 10 December 2018.