

WeCARE Limited

WeCARE Ltd

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We CARE Ltd. is registered to provide personal care to people living in their own homes. There were 32 people using the service when we visited. This inspection was announced and took place 3 December 2015. The service had a registered manager in post. 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.

Staff knew what action to take to ensure that people were protected if they suspected they were at risk of abuse. There were sufficient numbers of staff to provide care to the people using the service.

Recruitment procedures ensured that only suitable staff were employed to work with people using the service. Risks to people's health, wellbeing and safety had been assessed and actions had been taken to reduce any identified risks. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

# Summary of findings

Staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This legislation sets out procedures where people do not have capacity to make day-to-day decisions and what guidelines must be followed to ensure that people's freedoms are not unlawfully restricted.

People were supported by staff with their nutritional needs, where appropriate, during the care visits they received.

Members of staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the registered manager to maintain and develop their skills and knowledge through ongoing support and regular training. The staff were in contact with a range of health care professionals to ensure that care and support to people was well coordinated and appropriate.

People's privacy and dignity were respected and their care and support was provided in a caring and patient way.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care plans were amended when required. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views. Proactive measures were in place to prevent people from becoming socially isolated. A complaints procedure was in place but no complaints had been received. Any concerns had been dealt with to the satisfaction of clients

The provider had effective quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

# Summary of findings

## 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 safe.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs.

Staff ensured that people were prompted to take their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

Staff were supported to do their job and an ongoing training programme was in place to ensure that they had the knowledge and skills to care for people who used the service.

The provider had procedures and training in place for staff regarding the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and staff were aware of their responsibilities. This meant that people were not at risk of unlawful restrictions being placed on them.

People's health and nutritional needs were being met.

Good



### Is the service caring?

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued by staff.

People were involved in reviewing their care needs and were able to express their views and make changes to their care.

Good



### Is the service responsive?

The service was responsive.

Reviews were carried out on a regular basis to ensure people's care and support needs were being met. People's feedback was valued and issues people raised were dealt with in an open and transparent way.

People were supported to pursue activities and interests that were important to them.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly

Good



### Is the service well-led?

The service was well-led.

Procedures were in place to monitor and review the safety and quality of care and support being provided.

Staff were supported and felt able to raise concerns and issues with the registered manager.

Good



# Summary of findings

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

# WeCARE 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 inspection was announced and took place on 3 December 2015 and was undertaken by one inspector. We gave the provider 48 hours' notice of this inspection. This is because the registered manager is often out of the office supporting staff and we needed to be sure that they would be available. Before the inspection we looked at all of the

information that we held about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the service's office, visited four people and a relative in their homes and spoke with five people and three people's relatives on the phone. We also spoke with the registered manager and five members of care staff.

We looked at four people's care records and records in relation to the management of the service. We also looked at the management of staff such as recruitment, supervision, and training planning records. We spoke with healthcare professionals who had contact with the service. These included a local GP, a community matron and a development manager at a housing complex who had regular contact with the service.

# Is the service safe?

## Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, “The care staff look after me very well and I feel very safe when they are here.” People also said that they were able to talk to with the staff and have a laugh and joke together. A relative told us that, “I feel that [family member] is in safe hands at all times and the care staff are careful when providing the care.” Another relative said, “It’s marvellous and I can see that my [family member] is very happy with the care and feels safe.”

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had received training and were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns with the registered manager and or the local authority’s safeguarding team. We saw that the contact details for reporting safeguarding incidents to the local authority were made available and were included in people’s information pack. One member of staff said, “I feel that if I saw any poor care I would feel confident in reporting it to my manager without hesitation.” This showed us that there were processes and procedures that helped keep people as safe as practicable.

Each person had a folder in their home with a booklet containing daily notes. These were completed by care staff detailing the care and support that they had provided during the care visit. This was to demonstrate that people had been cared for according to their care plan needs and to record any other significant events. Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. These included assessments for moving and handling, skin integrity and any environmental risks.

The level of assistance that people needed with their medication was recorded in their care plan. The registered manager told us that the service did not administer medication. They said that staff only prompted people to

take their medication. This was recorded in people’s care plans. People we met told us that, where appropriate, care staff had reminded them to take their medication which they administered themselves. One person said, “I look after my own tablets and the care staff give me a reminder when they visit which helps me.”

People’s care plans included detailed information on the level of support required and also whether the person would be responsible for the administration of their medicines. Risk assessments had been completed for people requiring prompting with their medication.. One person said, “The carers always make sure that I have had my tablets that I need.”

People and their relatives said that there were always enough staff to provide care and support in a consistent way. People that we spoke with confirmed that staff were always on time and had never missed any of their care calls. The registered manager told us staffing levels were monitored on an ongoing basis. The registered manager said that people only received a service once the appropriate numbers of staff had been allocated. This was to ensure that the person’s identified support needs could be safely met.

Staff only commenced working for the service when all the required recruitment checks had been satisfactorily completed. Records showed us that appropriate checks including a satisfactory criminal records check and receipt of references from previous employment had been carried out prior to staff starting work. Any gaps in employment were pursued with prospective staff during their interview. This showed us that the provider only employed staff who were deemed suitable to safely work with people using the service.

People and their relatives were complimentary about the care staff and one person said, “The staff must be ‘hand-picked’ because they are so professional and treat me so well”

# Is the service effective?

## Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, “The [carer staff] are very good and help me with whatever I need.” Another person told us that, “The carers are really cheerful and they make sure everything has been done before they leave.” Relatives we spoke with said they all felt that the care and support provided by care staff met their family member’s needs. One relative said, “My [family member] has complex care needs and the staff really understand and take time to help them in a very kind and effective way.”

The registered manager confirmed there was a programme to make sure training was kept up to date. Training records showed, and staff confirmed that the training they needed to meet people’s needs had been provided. Examples of training included; safeguarding, dementia awareness, diabetes, food hygiene, compassion and dignity in care, nutrition and safe moving and handling. This meant that staff were supported to have ongoing training to refresh and improve their knowledge and skills.

Staff told us they received regular supervision and an annual appraisal and that they could speak to the registered manager at any time to discuss issues or concerns. This meant there was an effective system to support and monitor staff so that they were delivering effective care for people.

Staff said that they received an induction and training when they started work to ensure that they followed safe working practices. The staff induction programme covered the induction standards which were in line with ‘Skills for Care’ (Skills for Care is the employer-led workforce development body for adult social care in England).

People told us that where meals were provided, staff had consulted with them regarding their individual needs and preferences. We saw that assessments of people’s dietary needs and preferences had been made and that these were recorded in their care plan. One person said, “The care staff are very kind and make me breakfast and lunch and always make sure that I have chosen what I would like to eat.”

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people’s rights were being protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff during their induction and on an ongoing basis regarding the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we met confirmed that they had received MCA/DoLS training. The registered manager and staff were knowledgeable about the situations where an assessment of people’s mental capacity could be required. The registered manager was also aware of the relevant contact details and local authority procedures regarding this area. They informed us and we saw that currently no one using the service had a need to be lawfully deprived of their liberty.

Health care professionals we spoke to also told us that they had received good quality information from the registered manager and staff when healthcare issues arose and staff always acted on any advice they were given. We spoke with a local GP who had contact with the service and they were positive about their communication with the service and found them to be professional and responsive to changes in people’s health needs. We also received positive comments from a community matron. They were complimentary about the service and said that the registered manager and care staff always followed any advice and were proactive in reporting any healthcare issues that arose.

# Is the service caring?

## Our findings

People and their relatives with confirmed that the staff were very kind and caring. For example, one person said, “They help me with everything that I need and make sure that I am happy and comfortable before they leave.” Another person said, “They never rush me and they are very kind and respectful towards to me.” A third person told us, “The staff help me with my personal care needs and I really look forward to seeing them.” A relative said, “The staff and manager are really excellent and always make sure my [family member] is well looked after.” Another relative told us, “I have met all of the team who support my [family member] and they are good. All staff are positive and are uniformly caring. My [family member] knows who is coming and when. They are all charming people.”

All of the people we spoke with, including their relatives, told us that care staff respected people’s privacy and dignity. People told us that they usually had the same care workers providing care. People said that they knew which member of staff would be visiting and providing their care. One person said, “I am really happy with the carers who come to help me and they are so kind and caring and know how I like things to be done – they always make sure I am comfortable before they leave.” This showed that the service took time to ensure people were respected and consulted about their care.

Staff used peoples preferred names and demonstrated a kind and caring attitude towards people. People told us

that staff had taken time in talking with them about things which were important to them in a respectful way. One person said, “My [care staff] always take time to chat with me whilst they are providing care.” Another person said, “The care staff are polite and respectful whilst in my home and they always treat me well and respect my privacy.” Relatives that we spoke with also confirmed that they had seen staff treating their family in a respectful and caring manner. One relative said, “The staff and manager really do care and they are wonderful with my [family member].”

The staff we met spoke with a great deal of warmth and affection about their work and the care they provided for people. One staff member said, “I really love my job and enjoy providing the best care possible.”

Records showed that staff received training about how to promote and maintain respect and dignity for people. Staff met people’s needs in a caring and kind way including caring for people living with dementia. Care and support plans reflected people’s wishes and preferences and how staff should support them. We saw that the registered manager had ensured, as much as possible, that they were able to meet people’s preferences. This showed us that people’s equality and diversity was considered and acted upon.

The registered manager told us that people were provided with information as required so that they could access local advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes.



# Is the service responsive?

## Our findings

All of the people we spoke with and their relatives told us they were provided with information about their care and also if any changes were made. For example, one relative said, “My family member’s care is regularly reviewed and any changes to calls are made as necessary.”

People said they were able to choose the care workers they preferred, the time of their care and how they wanted their care to be delivered. The registered manager told us that new care staff were introduced to people prior to them providing care and support. This was confirmed by care staff and people we spoke with. One person said, “Any new staff are always introduced to me so that I can get to know them before they give me care.”

The registered manager told us that they provided care only where the staff could do this reliably and effectively to ensure people’s needs were met. This was also confirmed by healthcare professionals who we spoke with. We found that assessments of people’s needs had been carried out before they started to use the service. We saw that the registered manager had regularly reviewed people’s care plan with the person using the service and their relatives where necessary. The relative of one person said that, “They know [family member] really well and I am very happy with the care they give.” People and their relatives confirmed that they had been involved in reviews of the care provided. We saw that the registered manager had carried out monthly reviews regarding the care that was being provided. Staff told us that they had been involved in reviewing care and confirmed that they were made aware of any changes to people’s care and support needs by the registered manager.

We saw four people’s care plans during our inspection. There were guidelines in place about the care and support that was to be provided during each visit. We saw details in place regarding the person’s background, family contacts and personal preferences as to how care and support should be delivered. Individual preferences were recorded and were written in a ‘person centred’ style about what was important to the person and how they wished their care to be provided. Examples of care and support that people received included assistance with personal care, preparation of meals and drinks, assistance with

medication and domestic tasks and social and welfare calls. We saw that there were agreements in place, signed by the person or their representative regarding the care and support to be provided.

However, it was noted that some information in the care plans was somewhat brief regarding the care to be given and phrases such as ‘assist with shower’ did not fully explain the task and prompt the actions staff should take. We discussed this with the registered manager. They stated that they were redeveloping the care planning and review process to add more detail to care and support being provided by staff at each visit.

The registered manager stated that care plans were also updated where people’s needs had changed due to a hospital admission or a health care issue. We saw samples of the daily notes completed by care staff detailing the care and support that they had provided during each care visit. People and their relatives told us that staff had been responsive and flexible to their needs such as visiting them earlier or later when the person had to go out to an appointment.

People and their relatives that we spoke with were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, “If I ever have any concerns the manager is very good at sorting it out for me.” A relative told us that, “The manager and office staff are very good and deal with any issues or concerns quickly and efficiently.” People told us that their concerns and any complaints were always dealt with in a timely and professional manner. People said they could confidently raise and discuss their concerns with staff and the registered manager at any time. A copy of the service’s complaints procedure was included in people’s information packs kept in their home. We saw that the complaints policy/procedure contained guidelines for people on how to complain. The registered manager told us that all complaints would be acknowledged and resolved to the person’s satisfaction as much as possible. One person said, “I feel confident that if I wished to raise any concerns or a problem it would be dealt with properly.” The registered manager also showed us a file containing compliments from people and their relatives expressing their gratitude and satisfaction with the care that had been

## Is the service responsive?

provided. A relative said. "The manager gives me confidence that they will solve things if needed. I trust their advice and feel they have the right background and experience to offer me this. Communication is very good."

The service regularly and consistently considered the quality of care it provided and took appropriate action where required. This was carried out by speaking with

people, their relatives, staff and health care professionals. Their views were gathered and the registered manager responded to any changes to the services provided as required. Staff worked in partnership with health care professionals and a community matron told us that "The service always deals with healthcare issues in a very professional and efficient manner."

# Is the service well-led?

## Our findings

People we spoke with and their relatives told us that they had regular contact with the registered manager and the provider's management team. They knew who to contact if they wished to discuss any concerns about the care and support being provided. One relative said, "I am very impressed with the service and the management of the service - they are first class." Another relative said that, "WeCARE is very well managed and organised and the team of carers are highly experienced."

We saw that there were regular courtesy calls. These were made to people by the registered manager to monitor people's satisfaction with the care being provided. People we spoke with and records we saw confirmed this to be the case. One person said that, "I often see the manager for a chat and they always ask me if I am happy with care that I am receiving."

Surveys were sent to people who used the service to gain their opinions regarding the care provided. People and their relatives confirmed they had completed surveys. People we spoke with confirmed that the registered manager often visited to check if everything was being done properly. One person said, "I get phone calls and visits from the manager to check if I am satisfied with everything". Annual surveys for 2015 were in the process of being sent out to people using the service, and staff, as part of the ongoing quality assurance audits. Comments received in the last survey in 2014 had been positive and no concerns or issues had been raised.

Staff told us that they felt the service was well managed and that the registered manager was 'very hands on' and was available and approachable. They said they felt supported and that they were able to raise issues and concerns at any time. This included during out of business

hours when they used the 'on call' contact number to discuss any issues or concerns. They told us their views and opinions were respected, listened to, valued and acted upon. There were staff meetings and we saw minutes which confirmed this to be the case. Staff confirmed that their supervision sessions and staff meetings helped to ensure that information and developments were shared in a consistent and reliable way.

There was an open culture within the service. Staff told us they enjoyed their work and working for the service. One member of staff said, "I really love my job and this is a really good agency to work for." Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if this arose. Another staff member said, "If I saw or knew about any poor care or bad practice I would report it to my manager and I would be confident that it would be acted upon without any hesitation or delay."

We found the registered manager had submitted notifications to the Care Quality Commission when this had been required. This showed us that the provider and staff were aware of their legal responsibilities.

The registered manager undertook a number of audits to monitor procedures to ensure that people using the service remained safe. Audits had included the monitoring of people's care plans and risk assessments, discussions with people who used the service and staff, health and safety and staff competency checks regarding their ongoing training. Staff and records we saw confirmed that competency/spot checks were regularly carried out to monitor staff practice and any areas for further development. Staff said that they frequently saw the registered manager and that they were always freely able to discuss any issues or concerns with them.