

We Care Solutions Manchester Limited

We Care Solutions Chorlton

Inspection report

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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

We Care Solutions Chorlton is a domiciliary care provider based in Manchester and provides personal care to adults and older people in their own homes. At the time of our inspection the service supported 44 people.

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

At the last inspection in June 2020 we found there were breaches of five regulations. At this inspection we found the registered person had taken positive steps and implemented systems to improve the quality and safety of the service provided.

People received care and support that was personalised. A new care planning framework had been introduced. The provider has started the process of re-assessing people's care planning documentation in order to ensure this fully captured people's needs. We found steady progress has already been made with the service due to complete this process by the end of February 2021.

There were enough care staff to meet people's needs. Maintaining safe staffing levels had been a challenge at our previous inspection. However, the service has reduced in size and implemented a robust call monitoring system that supported call scheduling.

Medicines were administered in a safe manner. Systems were in place, which monitored how the service operated and ensured staff delivered appropriate care and treatment.

Since our last inspection we found the provider has completed a full-service review of their training resources provided to staff. Feedback from staff during the inspection indicated the training on offer was much improved.

The provider brought in an external consultant to support the service with the necessary improvements. The provider and management team understood that the systems and processes that were now in place were relatively new and further time was needed to ensure that they were fully embedded, and sustained. We will check that improvements made have been sustained at our next planned comprehensive inspection.

People benefited from an improved quality assurance system being in place. This meant that the registered person's oversight of all the service's functions, including recruitment, training, medicines management and care planning was now more robust.

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

Rating at last inspection

The last rating for this service was inadequate (08 September 2020). At this inspection we found the

registered person had made improvements and the provider was no longer in breach of regulations in relation to the service provided to the seven people who currently use the service.

This service has been in Special Measures since 8 September 2020. During this inspection the registered person demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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

Why we inspected

This was a planned inspection based on the previous rating of inadequate. As part of this inspection we also assessed whether the provider had taken the actions necessary to meet the regulation breaches identified at the last inspection. Due to the COVID-19 pandemic, we undertook a focused inspection to only review the key questions of Safe and Well-led. Our report is only based on the findings in those areas reviewed at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

We Care Solutions Chorlton

Detailed findings

Background to this inspection

The inspection

This was a focussed inspection to check whether the provider had met legal requirements following the inspection in June 2020 where breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations were identified relating to person-centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, staffing and good governance. Two key questions were inspected; 'Is the Service Safe?' and 'Is the Service Well-Led?'

Inspection team

The inspection was carried out by two inspectors and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission in line with the requirements of the provider's registration. A registered manager had not been in place since the last inspection. The service had a manager who was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided with the Care Quality Commission.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 12 January 2021 and ended on 14 January 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities with whom the service works. On this occasion 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 three people and 10 people's relatives about their experience of the care provided to their family members. We spoke with 10 members of staff including the provider, manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and training. 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 quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that consistently safe care was provided.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection specific risk assessments were not always formalised and the providers approach to managing accidents and incidents was inconsistent. This 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 improvements had been made and the service was no longer in breach of regulation.

- The service was better organised and had introduced effective systems to identify risks associated with the service. The service has a risk framework in place that clearly identified the people who were considered to be at greater risk due to health conditions or physical disabilities, this meant their risk assessments were given greater priority during the providers programme of updating all risk assessments and care plans.
- At the last inspection we found no risk assessments in place for people with catheter care. By this inspection the service had revamped their approach, by training care workers on catheter care awareness and training senior staff who devised the care plans to ensure people's catheter risk assessments and care plans were robust and captured potential warning signs, such as blood in the catheter bag or signs of infection.
- Risk assessments had also improved for people who required specific diets and could be considered at risk of choking or aspiration. The provider ensure additional training in choking awareness and pressure ulcer care management was also provided to staff.
- People had detailed information in their care plans regarding their medical conditions. This enabled staff to provide the appropriate support. Any changes to people's needs could be updated immediately on the electronic system and a new care plan would be devised.
- Improvements were made to the providers approach when accidents and incidents had been recorded. The provider introduced a service monitoring database, which ensured any type of incident was reviewed and signed off by the provider and manager for greater oversight.

Staffing and recruitment

At the last inspection we found there was a poor culture of call cramming, this meant people often experienced rushed or late calls. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Staffing levels were appropriate to meet the needs of the people using the service. This was helped in part by the service reducing in size and the provider changing the culture in respect of how the service previously operated.
- The provider implemented an electronic call monitoring software, known as ECM. This supported the management team to improve consistency of call timings and remove call cramming. All call timings were regularly monitored, and it was clear the service was heading in the right direction with improved percentages of call timings being close to 85% at the correct time.
- The rota scheduling system accounted for travel time between calls. The staff we spoke with told us they had enough time to travel between calls and enough time at each call to deliver the required care and support. One staff member commented, "This company has improved by 100%, I love my job now. In the past I hated it, because I was rushing around and now, I have time to see my clients."
- People and their relatives praised the staff and provider for the vast improvements, particularly in timekeeping. Comments included, "They do come on time, especially in last several months and they are not rushing and are happy to spend time. I also feel that their quality of service improved now they don't count every single minute. They also spend more time offering me an emotional support, I do get worried about silly things, but they help me just listening" and "They used to be in such a rush, but they do take time now and its relief I don't have to prompt them about every single little thing."
- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff recruitment files showed Disclosure and Barring Service (DBS) checks and references had been obtained before staff started work.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we found systems were in place but not operated effectively to keep people safe from harm or abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- At this inspection we found there had been a reduction in the number of safeguarding allegations. Staff and the management team provided examples of instances when they had been pro-active in identifying and escalating potential safeguarding concerns to the local authority safeguarding team.
- The management team had revamped the safeguarding training that was previously provided to staff, this improved the staff team's knowledge on how to recognise abuse and understood their responsibilities to report concerns to the managers.
- The provider had a robust oversight of all safeguarding concerns due to the introduction of the monitoring database.
- Staff demonstrated a good understanding about how to recognise abuse and how to safeguard people from this. Comments from staff included, "I feel I am now clear on what my responsibility is when it comes to safeguarding" and "The service is open and responsive to any concerns we may have. I would have no problem reporting safeguarding concerns."

Using medicines safely

At the last inspection we found the providers approach to managing people's medicines was not safe. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Where people were supported to take their medicines, this was recorded in their care plan.
- Risk assessments were completed to determine individual risks for people who were supported with their medicines. Where possible, people were encouraged to self-administer their medicine. For other people, care staff followed the support plan to ensure they safely received their medicines.
- Staff had been trained to administer medicines and completed competency assessments to make sure they understood how to manage medicines safely.
- Medicines records were complete and legible.
- Since our last inspection there had been two medicines errors involving staff. We found the service ensured these matters were reported in a timely manner and investigated to prevent a reoccurrence.
- Regular medicine's audits informed the management team of any issues, so they could be rectified in a timely manner.

Preventing and controlling infection

- The provider had systems and guidance in place, which helped the staff team to maintain good infection control practices. They had received relevant training and personal protective equipment was consistently available.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, the service was not yet able to demonstrate over a sustained period of time that management and leadership was consistent and that the culture supported the delivery of high quality and person-centred care.

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

At the last inspection, there was a lack of proper oversight of the service, auditing and checking processes were not sufficiently robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The provider had invested additional resources into the service following the last inspection. This including implementing a new quality assurance framework.
- The management team worked to improve the culture within the service. For example, records showed the management team introduced more observational spot checks and allegations of poor practice was immediately investigated.
- Since our last inspection the provider applied to become the registered manager, however the CQC issued a notice of decision to not register the provider in November 2020. During the inspection the provider confirmed a member of the management team would soon apply to become the registered manager.
- Since our last inspection an external social care consultancy firm had been brought in by the registered person to support the service in developing new systems for audit, quality assurance and questioning of practice. Spot checks were also completed by the management team on a regular basis with appropriate records maintained. Overarching trend analysis was also completed with a clear audit trail of remedial and preventive actions taken.
- Overall performance at the service had significantly improved. Key improvements to areas such as risk assessment framework, which meant the staff team were aware of people's risks and strategies.
- Audits undertaken to monitor the quality of the service included medicines administration record charts and care plans. We could see that these were being completed regularly and that any concerns or issues found were being actioned.
- We received positive comments from the staff about the improvements, they included, "I now feel relieved, work has slowed down for the better and I do feel supported" and "Training has been a huge factor for the improvements. We have been re-trained, and the owner has been very supportive."

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

outcomes for people

At the last inspection people were not receiving timely, appropriate, personalised care and support to meet their needs. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- People and their relatives were satisfied with the quality of care there relative received from the service. One person's relative said, "It's an open-door relationship, I can call and ask from management anything at any time, I know they will there for me. Very helpful people and they do their best in this time." Another person's relative said "Manager is very good, approachable, easy to talk on the phone, the manager is good coordinator between professionals, I can rely on his advice. He often come and check carers himself and completes spot-checks."
- The management team encouraged feedback from people, which they used to make improvements. For example, following feedback from people, they started monitoring call start and finish times as well as the duration of the visit on the live system. If a staff member's performance dropped below 90% their supervisor completed additional supervisions with them, and spot checks were carried out.
- Staff spoke positively about the service and the journey of changes they had been on. The service was working consistently to ensure people received a person-centred and open culture service. People's and their relatives and staff echoed this in their comments.
- The provider was making regular contact with people to discuss their thoughts on the service, it was clear the provider was now investing in the quality of care provided to people. The service also carried out telephone surveys to seek feedback from people who use the service or their relatives.
- The provider had been supported by the local authority, performance and quality improvement team to improve their overall rating.

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

At the last inspection the provider did not listen to and act on people's feedback appropriately. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The provider and manager were open and transparent about the shortfalls found at the last inspection. The management team examined their processes and had taken action where they had found improvements were required. The provider and manager worked cooperatively throughout the inspection.
- The provider and manager understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.
- People were asked to share their views about the service through care review meetings, regular phone calls and the use of satisfaction surveys. 'Spot checks' were also carried out to observed staff practice and approach, and ensure they worked safely and displayed a respectful attitude.

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

- There were effective systems to keep people and their relatives updated and informed. People were

supported to communicate in a way which suited them.

- The management team had sought advice and guidance from a number of external agencies such as the local authority and a care agency consultant. This had helped to drive improvements within the service.
- The manager informed us that whilst COVID-19 restrictions were in place they kept in contact with staff via phone calls and new messaging service. The manager was able to provide evidence of contact made with the staff team members. One staff member told us, "There is better structure at the service, I like the fact we now have better contact with the office."
- Management and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled safe, effective, coordinated care and support for people.
- The service worked effectively with partner agencies. We spoke with a commissioning organisation who told us the service had been improving and working with them effectively.