

We Care4Care Ltd

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Inspection report

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30 January 2023

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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 Care4Care Ltd is a domiciliary care service providing personal care support to people in their own homes. They can care for both adults and children who require support, including people who have a learning disability and/or autism. At the time of our inspection there was 1 person receiving support who had physical disabilities. 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

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

We could not be assured that people received their medicines safely. Medicines were given covertly (without the person knowing) but we were not assured that this had been approved as being safe by a GP or Pharmacist.

People were supported to have choice over aspects of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff had not received training in key areas as required mandatory for care services including training on learning disabilities and the Mental Capacity Act 2005.

People and those important to them were involved in planning their care and we heard that care was delivered in line with people's needs. However, there were not detailed, specific care and support plans in place. There was a risk that the person may not receive high quality safe care, as the support plans did not adequately outline how support was to be provided.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture:

The management team did not have sufficient systems in place to ensure people received high quality person-centred care. There was not a regular programme of audit or review. There was not a programme in place to ensure people, and their relatives', views were regularly obtained and used to inform service delivery. There were not sufficient numbers of staff at the service, which meant when the person's main care worker was on leave or off sick, that family members had to provide care. Safe staff recruitment practices were not followed.

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

Rating at last inspection

This service was registered with us on 7 September 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches in relation to staffing numbers, recruitment and training, and governance of the service at this inspection.

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

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service 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 ●

We Care4Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

In line with our new approach we gave a short period of notice of this inspection and explained what was involved under the new methodology.

Inspection activity started on 26 January and ended on 30 January 2023.

What we did before the inspection

We reviewed information we had received about the service since it registered with us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with the registered manager, a care worker and received feedback from the relative of the person receiving care. We reviewed records relating to the person's care, staffing and the management of 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 of 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.

Staffing and recruitment

- People were not protected from the risks associated with unsuitable staff because the provider's recruitment processes were not robust. We could not be assured that safe recruitment practices were in place. Whilst we saw evidence of the care worker having applied for the position and a criminal records check undertaken, we did not see evidence of other recruitment practices. The registered manager told us they obtained references from previous employers and checked the person's identity and eligibility to work in the UK. However, upon asking to see evidence of these checks this was not provided to us and therefore we could not be assured that they had taken place.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did not ensure there were enough staff available at all times to provide people with care and support. There was one care worker employed to support the person receiving care. This care worker supported them on a regular basis and provided consistency of care. They arrived on time and stayed the required length of time to meet the person's needs. However, there were no other care workers employed at the time of our inspection, which meant when this care worker was sick or on leave, the person's relative was required to provide support as there was no other cover. A relative told us, "Unfortunately, the care company do not have another care worker I can use or rely on so I am fully reliant on one care worker only... I am very limited as I am reliant on just one care worker - if they are sick or leave, I will really struggle as I wouldn't have anyone available to use at short notice - this would put a lot of pressure on me and become unmanageable."

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Safe medicines management processes were not always in place. There was clear instructions to staff about when to administer medicines, at what dose and why. However, we found there was no information about how the medicines were to be administered. We were informed by staff that medicines were given covertly (without the person knowing) as otherwise they would not take them. However, there was no information about this in their support plan nor information that the GP or pharmacy had authorised for medicines to be given this way to ensure it was safe.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was clear information to staff about when to administer emergency medicines in relation to the person's healthcare needs.

Assessing risk, safety monitoring and management

- People received safe care and support. Staff were aware of the risks to the person's welfare and supported them to minimise and manage those risks.
- There was clear information about how to support the person to manage risks related to their epilepsy. However, we found support plans were unclear regarding how the person was to be supported in the community and by who. There was also a lack of information about the person's mobility and how they were to be supported with moving and handling. This relates to the breach of regulation 17 outlined in the well-led section of this report.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were systems and processes in place to report, record and investigate any incidents so they could be learned from.

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 received regular training in line with the provider's mandatory requirements. This included training in relation to fire safety, safeguarding, conflict resolution, resuscitation, moving and handling, infection control, medicines management, autism awareness, falls prevention, health and safety. The relative of the person receiving care felt their care worker had the knowledge and skills to support their family member.
- However, we saw that training had been marked as not applicable in relation to learning disabilities, managing challenging behaviour and emergency first aid. The provider's training did not include the Mental Capacity Act 2005. We had concerns that staff would not have the required skills and knowledge in line with current best practice in these areas without receiving this training.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff liaised with the person and their relative to identify their supports needs and how they wished to be cared for.

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

- Staff provided support with meals in line with the person and their relative's wishes. This included providing support with evening meals and snacks after returning from school. This included providing meals in line with their religious preferences.
- Information was provided to staff about how to support the person safely at meals times, including ensuring the person was supported to cut up their food into small pieces to reduce the risk of choking.

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

- At the time of our inspection staff were not providing support with the person's healthcare and this was managed by their relative. The care worker told us they were available to attend appointments with the physiotherapist, occupational therapist and speech and language therapist to share information about the person's support needs and be kept up to date with any changes in their support needs.

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 MCA 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.

- Staff worked within the principles of the MCA involving people as much as possible in their care decisions.
- However, we found that information about a person's capacity to consent to aspects of their care was not clearly recorded in their care records. This relates to the breach of regulation 17 outlined in the well-led section of this report.

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

- People were well matched with their designated care worker and as a result, people were at ease, happy, engaged and stimulated.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.

Supporting people to express their views and be involved in making decisions about their care

- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People and their relatives were enabled to make choices for themselves and staff ensured they had the information they needed. The relative told us, "I was fully involved with the care planning from the onset." They also said, "[The care worker] offers [the person] choices and listens to them - but at the same time ensuring it is safe for [the person]."

Respecting and promoting people's privacy, dignity and independence

- People received care that promoted their privacy and dignity. The relative said, "The care worker is professional and has always dealt with [the person] in a dignified way... [The care worker] ensures [the person] is appropriately dressed and personal care is taken care of in the privacy of their room/wet room."

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

- Staff provided people with personalised, proactive and co-ordinated support in line with their needs. The care worker understood the person's care needs and provided them with the level of support they required and that kept them safe.
- However, we found care and support plans lacked detail about how the person was to be supported increasing the risk that they may not receive high quality person-centred care. This relates to the breach of regulation 17 outlined in the well-led section of this report.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of how the person communicated and ensured they gave the person time to communicate their needs. There was information in their care records about what behaviour they may display when trying to communicate using non-verbal means.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported the person to pursue their interests at home. This included playing football in the garden and activities in the house. The staff member was mindful of the family's religion and provided any support required with regular prayer and during religious festivals.

Improving care quality in response to complaints or concerns

- No complaints had been received since the provider starting operating. There was a process in place to ensure complaints were investigated and responded to.

End of life care and support

- At the time of our inspection people did not require support with end of life care. The registered manager told us if this type of support was required they would liaise with the person and other agencies.

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

- The systems in place to check quality were not sufficiently robust enough to drive improvement. At the time of our inspection there was an informal governance system in place. There was not a structured system in place to review service delivery and ensure high quality care was provided. There was not a programme of regular audit, telephone monitoring calls or spot checks to check on the delivery of care and ensure it was in line with the provider's policies, procedures and people's care needs.
- We saw that staffing records showed staff's compliance with aspects of care delivery, including medicines management competency assessments. However, there was no detail as to what this review involved or when it was to be reviewed.
- Care records were not always sufficiently detailed about how the person was to be supported increasing the risk of the person not receiving safe, person-centred care. For example, there was differing information throughout their support plan about the level of support required in the community, and they lacked detail regarding their medicines administration, their capacity to consent, mobility and personal care support.
- The provider's systems had not identified the concerns we found during inspection in order to ensure continuous improvement and development.
- We could not be assured that the provider had sufficient safe practices in place in preparation for the growth of the business, particularly in relation to staffing and governance systems.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the time of our inspection, engagement and involvement of people and their relatives was informal. The relative told us, "I have had minimal contact with the manager to be honest, but I think I would be able to approach the manager if I had any concerns."
- The care worker regularly engaged with the person and their relative to obtain their views and ensure they took them into account when providing care and support.
- The care worker felt supported by the management team and felt able to approach them if they had any

concerns. They told us, "I don't have any issues with calling [the registered manager] if I have any issues. Never feel isolated... Yes, able to air suggestions and take it on board."

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

- The registered manager understood their responsibility under the duty of candour, and told us they would apologise to people, and those important to them, if things went wrong

Working in partnership with others

- At the time of our inspection the provider was not engaging in any forums with the local authority or other care providers.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe medicines management was not followed. Regulation 12 (1) (2) (g).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there were sufficient systems in place to assess, monitor and improve the quality and safety of the service. They had not ensured accurate, complete and contemporaneous care records were maintained. Regulation 17 (1) (2) (a) (b) (c).
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured they had followed due process to ensure suitable people were employed to carry out the regulated activity. Regulation 19 (1).
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were a sufficient number of qualified, competent staff. They had not ensured they had completed appropriate training to ensure they had the knowledge and skills to support people.

Regulation 18 (1) (2) (a).