

We Care Agency Ltd

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Inspection report

Crown House, Suite 201c
North Circular Road
London
NW10 7PN

Tel: 02031293139
Website: www.wecareagency.co.uk

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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 ●

Summary of findings

Overall summary

This inspection took place on 11 June 2018 and was announced. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The service is a domiciliary care agency and is registered to provide both personal care and treatment of disease, disorder or injury to people living in their own houses and flats in the community. It provides a service to older adults some of whom could be living with dementia or a mental health condition. The service also provides a service to people with learning disabilities or physical disabilities. At the time of our inspection, the provider was offering a service of personal care to all six people.

This was the service's first inspection following their registration with the Care Quality Commission in June 2017. There was a registered manager in post. 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.

People and relatives spoke positively about the service provided by the care staff. They described them as kind and caring. They said that the registered manager was approachable, they could raise any concerns and felt the agency was run in a professional manner.

People said they felt safe with the care staff. The care staff had received safeguarding adult training and could tell us how they would recognise and report signs of abuse appropriately.

The registered manager recruited enough care staff to meet people's support needs in a safe manner. They trained staff to ensure they had the knowledge, skills and confidence to undertake their work well. Care staff told us they were well supported and were encouraged to regard their work as a career pathway. Care staff good practice was recognised and celebrated.

People had person centred plans that informed the care staff how people wanted their care provided. People signed to give their consent to the care given. Where people might not have the capacity to consent to their care and treatment mental capacity assessments were undertaken and when appropriate best interest decisions were made in line with the Mental Capacity Act 2005.

Care plans informed staff how people communicated and care staff told us how they gave people choice in their everyday life.

The registered manager undertook assessments to identify risks to people's safety and put in place measures to mitigate the risks. Risks assessed included medicines management. People who required support to take their medicines were supported by care staff that had received training to do this.

People were supported to eat and drink enough. The registered manager and director were clinically trained and liaised with health care professionals on behalf of people and their relatives where this was required.

The registered manager had systems in place to check the quality of the service provided and encouraged people's feedback on their experience of receiving care in several ways to help make improvements.

The director and the registered manager both managed the day to day running of the agency and had developed a strong ethos and values that they promoted with both the care staff and people to whom they offered a service. They were working to build links with the local community and local authorities to sustain and develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Care staff had received safeguarding adult training and were able to demonstrate to us they could recognise signs of abuse and knew how to report concerns appropriately.

The registered manager assessed people to identify risks to their safety and put measures in place to support care staff to mitigate those risks.

The provider had systems in place for the safe administration of medicines. Care staff who administered medicines received training and were assessed to ensure they were competent.

The provider recruited staff in a safe manner and the registered manager ensured there were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective. People were assessed prior to a service being provided to ensure the care staff could meet their support needs.

Care staff received a thorough induction and ongoing training to support them to undertake their role.

People were assessed to identify their support needs in relation to their nutrition and hydration.

The provider ensured people had access to appropriate health care professionals where required.

The provider worked in line with the Mental Capacity Act 2005 and undertook assessments to identify if people lacked capacity to consent to their care and treatment and acted accordingly.

Is the service caring?

Good ●

The service was caring. People and relatives told us care staff were professional, good and kind.

Care plans informed staff about how people communicated their wishes and care staff supported people to make every day choices

Care staff supported people to maintain their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. People had person centred care plans that told staff about them and described how they wanted their care provided.

People and relatives told us they knew how to complain and believed their complaint would be investigated appropriately. The registered manager demonstrated to us how they would address complaints in a transparent manner.

Is the service well-led?

Good ●

The service was well led. The provider ensured people and relatives had opportunities to tell them about the quality of the service they received.

The registered manager audited and checked records to ensure people were receiving a good standard of care.

The provider encouraged care staff personal development and they recognised and celebrated good practice.

The provider had a clear ethos and vision for the development of the service.

The provider worked in partnership with health and social care professionals for the benefit of the people using the service.

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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 took place on 11 June 2018 and was unannounced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in to help with the inspection.

Before the inspection, we reviewed information we held about the service. This included notifications we had received. A notification is information about important events that the provider is required to send us by law.

One inspector carried out the inspection. During our inspection, we looked at three people's care records. This included their care plans, risk assessments and daily notes. We also looked at two people's medicines administration records. We reviewed three staff personnel files. This included their recruitment, training, and supervision records. We spoke with two care staff, the registered manager, and the director who were involved in the day to day management of the service.

Following the inspection, we spoke with two people who used the service and three people's relatives.

Is the service safe?

Our findings

People told us they felt safe with their care staff. Their comments included, "Yes they are alright they are fine," and "Yes I feel safe." A relative told us, "They feel very safe they do their job in a professional way." Staff had received safeguarding adult training and were able to demonstrate to us they could recognise signs of abuse and knew how to report concerns to their manager or take further action if necessary. One care staff said, "I would report to my manager and document, actions must be taken as they are vulnerable, if necessary I would take it to the police - I am the responsible person I would have to report a concern."

The provider had not had any safeguarding concerns since they had started to provide a service to people. However, the registered manager could tell us clearly of their responsibilities to report safeguarding concerns and demonstrated how they would do this, investigate and make changes in response to lessons learnt. They had a safeguarding policy and procedure and the appropriate paperwork in place to report and oversee any future safeguarding concern. They kept records of incidents and accidents and had checked people's daily records to ensure there were no unreported incidents of a safeguarding nature that needed addressing.

The director and the registered manager explained that as the agency was still developing they were continually learning and they checked the effectiveness of the systems they had in place to manage risks and protect people in an ongoing process. They told us they had not yet experienced a serious error but they checked with people and with care staff that the processes in place were appropriate. They described to us how they would address any errors by apologising to the person and putting alternative measures in place to ensure the same concern did not reoccur.

The registered manager ensured that the risks to people were fully assessed prior to providing a service. Assessments included risks in the person's environment, risk of falls, risks associated with medicines management, eating and drinking and skin integrity. Measures were identified to mitigate the risks to people and to inform staff of the actions they should take to support people to remain safe.

There were prompts in the risk assessments to consider if further action should be taken. Moving and handling risks were also assessed and where the risk was assessed as high a more in-depth assessment was undertaken to ensure all areas of the concern had been fully considered and that necessary referrals had been made. Risk assessments were reviewed regularly by the registered manager and in response to changes in people's circumstances.

At the time of our inspection the provider had recruited five staff who worked with the six people using the service. The registered manager explained that they were continuously recruiting staff to ensure that they had enough staff to meet future staffing needs. They explained they and the director had visited a number of places to talk about their agency with the purpose of recruiting prospective staff. They gave an example that they went to community day centres used by parents with children as this allowed them to speak with people who may not otherwise consider care work. They discussed with them how they could develop the right staff so they could have a career in health and social care. They explained it was part of their ethos to

promote equal opportunities and diversity by giving work opportunities and development to people in the local community.

People told us staff arrived on time and that they had no missed calls. Their comments included, "Yes they are always on time," and "Yes [Care staff] come on time and do everything I need." One relative said, "They come on time and they do their work well." Staff told us they were given enough time between calls and that there were enough staff to cover the calls saying for example, "There are enough carers to cover calls and enough time to get to places. I appreciate they organise it well." The registered manager told us that they considered care staff availability and where they live, matching them with people they can travel to with ease to avoid unnecessary delays.

The registered manager explained, "We care about them [both people and care staff], we work as a team, if a carer is running late they need to let us know, they are like a family and we would help out." The provider monitored staff attendance at calls to ensure there were no late or missed calls. Care staff texted the provider when they arrived and when they were leaving. If they did not hear from the care staff when they were due to attend a call the registered manager would ring the person to check the care staff had arrived. Should there be an emergency the registered managers explained they would attend themselves. They said, "We would go if someone needs care, they are our priority."

The registered manager followed a recruitment process to ensure they recruited staff in a safe manner. Staff files we checked contained application forms and interview questions that demonstrated they had been assessed to see if they had the aptitude and experience for care work. Proof of identity and criminal records checks had been undertaken and references received as part of a range of checks to prove prospective staff were of good character and suitable.

Medicines were administered in a safe manner. One person described to us how they took their medicines themselves but the care staff ensured they could reach the medicines when they needed to. They said, "No they don't give me my medicines. They put them near me but I know how to take." Two people using the service had assistance to take their medicines. Care staff who supported people with their medicines had received medicines administration training, support from the registered manager to learn how to administer in line with the protocols and observations had been carried out by the registered manager for these staff to check their competency to give the medicines. Medicines awareness training was refreshed each year to ensure the staff retained the information required to give medicines safely.

There were medicines risk assessments that stated clearly the level of support that people required. For example, if people managed their own medicines, if a family member supported them or if care staff provided that support. Information in the assessment was detailed stating what assistance the person required and who would reorder the medicines and how the medicines would be received from the pharmacist. Medicines records were audited each month by the registered manager.

There was a clear focus by the provider on the importance of good infection control. Care staff had received health and safety training that included infection control training. The registered manager had also held infection control workshops where hand hygiene had been discussed and practical observations took place to ensure that care staff were washing their hands using the correct technique. The registered manager also undertook spot checks to ensure staff were using protective equipment such as gloves and aprons and check they were changing them between tasks appropriately. People's care plans reminded staff to wash their hands before performing any tasks and to use gloves and aprons.

Is the service effective?

Our findings

Prior to offering people a service the registered manager and director met with people and carefully assessed them to ensure they could meet their needs. Some people had been referred from the local authorities and in those instances, they used the social care professional's assessment to inform their own assessment as well as talking with the person and their family. The registered manager explained they involved the person, family, health and social care professional to have a whole holistic assessment of the person. During assessment they checked exactly what support was being identified and how the person wished this to be provided.

Staff told us that they had a thorough induction and ongoing training. Their comments included "They always give a reminder for training and congratulate you on training completed. They come and check you at your place of work. They ask your knowledge, what you have learnt. It gives a very big confidence, I didn't know before this work that I had this in me to do this." Another care worker told us, "Induction is really long, I really liked the training and undertook more training recently. It has made me aware. I did care work before I came here but I didn't have this education."

Training included, safeguarding adults, Mental Capacity Act 2005 (MCA), moving and handling, person centred care, equality and diversity, dementia and medicines. The registered manager had an oversight of care staff training needs and care staff confirmed that the registered manager identified their training needs and for instance discussed with them that they would have catheter care training as this was a person's support need. There were weekly workshops where topics such as infection control, care plans and safeguarding adults were discussed and scenarios presented to help staff consider best practice and to reinforce learning.

Care staff told us they felt very well supported and said they received good supervision. One care worker said, "In supervision they see how I'm coping." There was quarterly one to one supervision recorded but there were occasional gaps. There were, however, other ways to support staff such as through observations to check staff's care practices in people's homes. Staff also had the opportunity each week to meet as a group and to raise concerns if they had any and could ask the registered manager to meet individually. They told us the weekly meetings were, "Definitely supportive, come in and talk about life."

People using the service had been assessed to identify if they had nutritional or hydration support needs and if there was a risk associated with eating or drinking. Some people using the service required support with making their meals and drinks. Others required their meal and drink to be placed where they could reach it care plans stated for example, "Ensure the jug is filled with water and that a cup is available." Where there was a concern about enough fluids being taken this was clearly referenced in the care plan highlighting to care staff, "Encourage fluid intake."

One person had support to eat on occasions and they were usually supported by their relative. We found that although it was in their care plan that they needed support to eat their meal, it could have been more detailed in stating what support might be required on these occasions. When discussing with the registered

manager they told us the care staff knew the person liked to sit on a chair to eat, that their food was cut up and could sometimes feed themselves but preferred their relative to give food to them. Following our inspection, the registered manager sent us an updated care plan that detailed more clearly how this support was provided.

The management team demonstrated they worked with professionals and for instance had attended multi-disciplinary meetings with one person and their family members to share information. The management team had liaised with the GP and district nurses on behalf of people and were able to describe to us actions they would take should people be assessed as having an unmet health support need. One relative described to us how the management team had supported their family member when there was a problem with their leg dressings and they expressed they appreciated their expertise in health matters as both the registered manager and director were nurses.

The management team had given good guidance to staff to support people with their health care. People had skin integrity risk assessments that identified if they were at risk of pressure ulcers. Care staff were given clear guidance with reminders about how to maintain people's skin integrity. For example, prompts in the care plan to, "Think SSKIN," this is a five-step model for good skin care that included, "Skin inspection, surface, keep your client moving, incontinence/moisture, and nutrition and hydration." The registered manager explained that they passed on their clinical expertise to the care staff giving them information about symptoms of diabetes or urinary infections and what steps should be taken to support people to remain healthy.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. During this inspection, we checked to ensure the provider was working within the principles of the MCA.

The registered manager and director demonstrated they understood their responsibility to work in line with the MCA. Care staff had received MCA training and could tell us very clearly how they would meet the requirements of the act. One care staff said, "The MCA is most important, don't assume someone lacks capacity. People must be assessed if they lack capacity. Then you act in the persons best interest, the least restrictive way. If they have capacity they can make an unwise decision."

People signed to show that they consented to their care and treatment and the support they agreed to was clearly stated in their care plans. The registered manager explained that most people using the service had capacity to make decisions about their care and support and their care plans stated this. Where the registered manager had reason to consider that a person may not have capacity a mental capacity assessment was undertaken and a best interest decision was made. On occasion we found the provider had not made it clear what the decision was pertaining to, although, the body of the assessment always indicated through questions and answers recorded what the assessment was about and the outcome was always clear. We brought this to the registered manager's attention who acknowledged this omission and said they would ensure the title of the specific assessment being undertaken would be clearly recorded in future.

Is the service caring?

Our findings

People and relatives told us that the care staff were caring and respectful. Their comments included, "Absolutely the best carer in the world," "Yes, yes kind," "Really, really good," and "Yes [care staff] is good."

The registered manager described that they tried to match care staff with people in terms of compatible personalities giving an example that if a person liked to have lively conversations they would try and match them with a staff member who was outgoing and chatty. Care staff were introduced to people before they commenced work with them so they could introduce themselves and build a positive working relationship with the person.

Care staff spoke with fondness about the people to whom they provided care. They told us how they built a bond with people. They said, "I listen, I talk with them. I'm a chatterbox - sometimes they have no one else to talk to all day," and "I like to talk and listen as well about their favourite topics of conversation. Also, I make general conversation about their health or a TV programme or their musical tastes." Care plans gave staff information about people's interests to help staff find a topic of conversation and reminded staff to have a positive attitude when working with people and instructed, "Care workers to be smiling, polite and patient at all times."

People told us they were given choices. One person said, "They do what I need, [Care staff] make everything, I say, yes I want that you make it like this and [Care staff] make." People's care plans stated how they communicated. This included the languages they preferred to converse in and understood. Care plans also stated if people required any support to communicate or understand and described if people had a sensory impairment and required items to be described clearly because of sight loss. People's care plans also stated the support they required to use using hearing aids or to wear glasses instructing staff, for instance, to clean a person's glasses and to leave the glasses close to the person so they could use them.

Care staff told us how they gave people choice. Their comments included, "Choice is one of the things they have to have. It is about what they want, we have been taught to give the person their choice. It is one of their fundamental rights," and "I give them choice about clothes, meals, food and what they eat every single time." Another care staff said, "I give choice by asking what they would like me to prepare, also choice of items of clothes and the certain ways they want things to be done. It's their routine."

People's care plans reminded care staff to promote people's privacy and dignity by stating, "Maintain privacy at all times." "Care staff told us how they promoted people's privacy and dignity. Their comments included, "If I am washing someone I ask consent first and I close the window and I close the doors and I cover them up with a towel," and "I maintain their privacy doors are shut and curtains closed." When the registered manager undertook quality monitoring checks, they asked the people receiving a service if their privacy and dignity was maintained by the care staff. As such quality monitoring forms read for example, "Privacy maintained at all times."

Is the service responsive?

Our findings

People confirmed they had a copy of their care plan and that the management team visited them to review the plan. One person said, "Yes I have care plan, they go through it with me."

People had person centred care plans that contained information to ensure staff could gain an understanding of person. Care plans contained an, "All about me" section. This told staff about the person, what they liked to be called, their family members, place of birth, events that were important to them and their interests. This gave staff a sense of the person both in terms of their background and their present day support needs. One care worker told us that, "Care plans are very helpful and simple not too much information, to the point."

The care plans recorded people's diversity needs stating their religious and cultural observances in a detailed manner. Plans also referenced if people had support needs associated with their gender and sexuality. Staff told us that they respected people's sexual preferences, religious and cultural observances. One care staff told us, "We are respectful of who they are." They described in one person's home it was respectful to cover their shoes when entering a specific room for religious reasons and that they always respected the person's wishes. The management team told us they talked with prospective staff and explain they will be working with people who have diverse support needs and that they have a zero tolerance of any type of discrimination.

There was a schedule in the plan that gave information about the times and length of the calls. People care plans stated what support they required at each call and gave information as to how they wanted that support provided. Information was clear for each call with instructions for staff stating people's preferences.

People and their relatives told us they knew how to raise concerns to the management team and felt comfortable doing so. Their comments included, "I could ring at any time," and "Yes I could complain." The registered manager showed us the complaints file that had the necessary paperwork to address and track complaints. However, they explained they had not received a complaint yet. The provider had a complaints policy and procedure and the registered manager could tell us how they would respond and investigate a complaint and apologise to the person. They said they believed it was important that, "Our culture is transparent and approachable."

The registered manager explained currently no one using the service was receiving end of life care. However, they did ask people if they wished to state any end of life wishes in the event of a change of circumstances but currently people had declined to comment. In the care plans template there was a detailed section that could be utilised if needed.

Is the service well-led?

Our findings

People and relatives all described the management team in positive terms. Their comments included, "Yes they are very good," "They are a good agency I trust them." A relative said, "We had three other agencies before this agency. My family member told me out of all this is the most professional."

The registered manager recorded that they phoned people and their relatives monthly to check the quality of service they received. They asked them on a regular basis if the care was being provided as they wanted it and if they were still pleased with the service. People told us, "They ring and ask how you are, they say to me do you want to change carers? Are you happy? I am happy always." And "They call to find out what is happening, so I could tell them I need more cover from them."

In addition, the registered manager undertook spot checks every six weeks for new staff and decreasing the frequency to three months for established staff. This gave opportunities for the registered manager to check staff care practices and for people and relatives to raise concerns if they had any and to give feedback. The registered manager also met with people and relatives when reviewing their care plans.

The provider sent out surveys on a two-monthly basis to obtain people and relatives feedback and were intending to have a yearly report with the outcomes for the year and the analysis to show what was done well and where improvements were required.

The registered manager audited the care records monthly and checked medicines administration records and daily logs to ensure they were completed appropriately. They had an oversight of supervision and training for each care staff and had the paperwork in place to monitor safeguarding adult's concerns and complaints when they arose. The registered manager explained they were considering future options for peer reviews with other agencies so they might have the benefit of an external audit.

Care staff told us they were very well supported by the provider. Their comments included, "They are really helpful, I'm really excited to work with We Care Agency Ltd. It's not only the work I do, it is the help I get, it is professional, they are always there. I have never had this in work before." Another care staff said, "I enjoy my work, they are encouraging me to get back to my professional training, they give me advice and they will support me." Also, "Helpful, yes definitely, I find them helpful, much better than other places."

Care staff confirmed they had staff meetings in the form of workshops that took place each week. They explained they were encouraged to attend or just drop in for a chat or support. The meetings were informal but used for sharing information, discussing concerns and for looking at specific training topics. All staff felt this method of support worked very well for them. One care staff said, "If you raise any issue they will sort it out, you just say it there. [Registered manager] is wonderful."

The provider had an ethos to develop care staff potential, they demonstrated that they recognised potential in individual care staff and supported their training to develop their knowledge and skills. One staff member told us how the management team had encouraged them to study for a certificate in management and they

were clearly enthusiastic about their role and the opportunities it was bringing them to develop a career pathway in health and social care.

The registered manager recognised when staff performed their role to a high standard and had introduced the, 'Employee of the month' initiative. This encouraged the care staff to be better and helped to build good staff morale as their efforts were recognised and celebrated. The registered manager had identified individual staff to be champions in safeguarding, dementia, infection control and privacy and dignity. This was to give staff the responsibility of keeping the team up to date with new developments and to allow staff to develop their own areas of expertise.

The management team explained they called the agency, "We Care Agency Ltd" because they felt that "Being compassionate" was the most important aspect of caring for someone. They had an ethos and vision of "Honesty, Excellence, Approachability, Respectfulness and Team Work." Their ethos and vision was shared with both staff and people who used the service. The director told us, "We train [Care staff], encourage them and promote honest care, no false promises. Be honest from the start." They explained that the care staff were, "The first face of the organisation." Therefore, they ensured the care staff knew the policies, had time to read the care plans and risk assessments and knew how to work well with people and leave them comfortable. They explained they wanted staff to give something extra and ask, "Is there anything else I can do?"

The provider had developed a business plan to ensure sustainability and were building links with the local community and local authorities to ensure the agency's future. The registered manager and the director both told us that they were registered nurses who had worked in hospital and nursing home settings. They had also registered the agency to be able to provide nursing care to people in addition to personal care and hoped to develop this area and utilise their clinical background. They both spoke passionately about improving care of the elderly.

The registered manager and director worked in partnership with both health and social care professionals for the benefit of people using their service.