

Same Ways Care Limited

# Same Ways Care Limited

## Inspection report

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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?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Same Ways Care Limited is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 15 people were being supported with personal care.

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

Medicines were not always managed safely. The systems for responding to accidents and incidents was not effective. Systems to monitor care calls had been introduced. Risks to people were identified and managed. There were systems in place to ensure the safe recruitment of staff.

The service was not always well managed. Systems for monitoring and improving the quality of the service were not effective. The registered manager had completed a service improvement plan which identified some areas of improvement. However, not all the issues we found during the inspection had been identified. The registered manager and provider had sought support from other agencies and was working with them to improve the quality of the service.

Staff had completed a range of training. Staff were not always knowledgeable about how to support people living with dementia. Staff felt supported by the registered manager. People were supported to access a range of health professionals. The provider was extremely supportive in enabling people to access equipment to improve their well-being.

People were supported to have maximum choice and control 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 did not always support this practice.

People were supported by staff who were kind and compassionate. Staff understood the importance of respecting people's privacy and dignity. Staff showed respect for people's homes. People were encouraged to maintain their independence and were involved in decisions about their care. This ensured care was delivered in the way they chose.

People were involved in the development of their care plans. Care plans guided staff in how to support people in the way they chose and included information relating to people's specific cultural and religious needs. Staff knew people well and respected them as unique individuals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

This service was registered with us on 02/08/2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of the providers registration with CQC.

#### Enforcement

We have identified breaches in relation to the safe management of medicines, the management of accidents and incidents and the effectiveness of systems to monitor the quality of the service.

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

#### 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 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 responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Same Ways Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out 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.

#### Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 July 2019 and ended on 7 August 2019. We visited the office location on 30 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, manager and finance director.

We reviewed a range of records. This included four people's care records and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 for 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.

### Using medicines safely

- Systems relating to the management of medicines were not always effective. Where people were prescribed 'as required' medicines there were no protocols in place guiding staff when to administer the medicines. 'As required' medicines were not recorded in line with current guidance.
- People did not always receive prescribed medicines. Where people were prescribed topical medicines there was no record of the medicines on medicine administration records (MAR). One person told us they had raised concerns about topical medicines not being applied with the provider.
- Records relating to the administration of medicines were not always completed in line with current guidance. MAR did not always include the details of individual medicines to ensure staff had the information required to administer medicines safely.
- Staff were not always trained, and their competency assessed to ensure they could administer medicines safely. This was not in line with current guidance or the provider's medicines policy.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us they would report all accidents and incidents to the management team. However, they were unsure of any action taken. One member of staff told us they had reported an incident where a person sustained a slight injury. We spoke to the registered manager who told us there was a record of the telephone call made by the member of staff. However, no incident or accident form had been completed and no investigation had been completed.
- At the time of the inspection the provider told us there had been no accidents and incidents since they had registered with CQC. There was no system in place to manage accidents and incidents. The registered manager told us the electronic care planning system enabled the recording and managing of accidents and incidents and was going to be implemented following the inspection.

Systems were either not in place or robust enough to demonstrate accidents and incidents were recorded and investigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of harm and abuse. Staff understood their responsibilities to identify and report concerns. However, staff were not always aware of the external agencies they could notify if needed.
- The provider and registered manager were accessing training from the local safeguarding adults board to improve their knowledge relating to reporting of concerns where people were at risk of, or experienced harm and abuse. They were aware of the local thresholds for reporting concerns relating to harm and abuse.
- People told us they felt safe. One person said, "I am very confident and safe with them."
- Care plans included risk assessments and where risks were identified there were plans in place to manage the risk. This included risk associated with mobility, choking and environmental.

#### Staffing and recruitment

- Most people reported that staff arrived on time and if staff were running late they would be informed by the management team.
- The registered manager was improving the system for scheduling and monitoring visits. Staff confirmed that scheduling was improving. The management team were able to monitor for late or missed visits using a newly implemented electronic system.
- The provider ensured there were effective recruitment processes in place to support safer recruitment decisions. This included a record of applicants work history and completing pre-employment checks.

#### Preventing and controlling infection

- Staff had completed infection control training and understood how to protect people from the risk of infection.
- Care records included information relating to the risk of infections and gave staff clear instructions in how to support the person to minimise the risk and who to contact if there was an indication that an infection was present.



# 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.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider did not have a clear understanding of their responsibilities in relation to MCA. Although they showed an understanding of the principles of the act they were unaware of their responsibility to complete capacity assessments where there were indications a person may lack capacity to make a decision.
- Staff we spoke with had completed training in MCA and understood how to apply the principles in their role. One member of staff told us, "It's about building relationships, so you are able to understand what people like. Always give choice and explain what is happening."
- Records did not always reflect the principles of MCA. One person was living with dementia. Their care plan had been signed by a family member. However, there was no capacity assessment to determine whether the person had capacity to consent to their care.

Staff support: induction, training, skills and experience

- Most people were confident that staff had the skills and knowledge to meet people's needs. One person said, "They are definitely well trained to do their job." However, one relative told us they did not feel all staff understood how to support people living with dementia. The provider's training matrix showed that staff had not completed training in dementia care. The registered manager was reviewing all training and staff competencies to ensure staff had the skills and knowledge to meet people's needs.
- The registered manager had completed a train the trainer course and was planning to establish face to

face training for staff. The registered manager was also completing training to enable them to assess staff competence for the Care Certificate.

- Staff told us they felt supported and had regular one to one meetings with the registered manager. One member of staff told us, "I'm very supported. They are very caring. When I first started they were always checking I was OK."

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

- Where support with eating and drinking formed part of people's assessed needs, this was included in people's care plans. Information included people's likes and dislikes and what they were able to do independently.
- People's specific dietary needs were identified, and care plans included guidance for staff. One person required a specific diet due to a health condition and this was clearly documented.

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

- People told us the provider was extremely supportive helping them to access health support. This included accessing additional equipment to support them to remain as independent as possible. One person told us, "[Provider] arranged for a new bed as I was having difficulties. Now have a hospital bed which is much better."
- Staff were responsive to any changes in people's condition. One person told us staff had contacted their GP and the district nurse on their behalf when they were concerned about the person's condition.

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

- The provider carried out assessment prior to people accessing the service. Care plans reflected these assessments and how people wished their care to be provided.
- The registered manager and provider were developing the care plans to reflect current standards and guidance. This included consideration of the National Institute for Health and Care Excellence (NICE) guidelines.

# 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 complimentary about the staff supporting them. One person told us, "I have had some brilliant, brilliant care." A relative told us, "They will do anything they are asked".
- Staff spoke kindly about people and respected them as unique individuals.

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

- People were involved in decisions about people's care. One person told us, "They listen, and it is about how I want things done."
- Relatives were involved and kept informed if there were any concerns. One relative told us, "They let me know if they are worried at all."
- Staff understood the importance of empowering people and involving them in their care. Staff gave examples of how they involved people and ensured care was provided in the way they wanted.

Respecting and promoting people's privacy, dignity and independence

- People felt they were treated with dignity and respect. One person told us, "They are very respectful. Very good at putting me at my ease as it can be embarrassing (having personal care)."
- People told us staff were respectful of their homes and possessions. One person said, "They are very respectful of my home. I am very comfortable with them."
- Staff promoted people's independence and supported people to maintain and improve their independence. One person was independent of many aspects of daily living. Staff offered support only when the person indicated they needed additional support.

# 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 Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were involved in the development of their care plans and were included in all decisions about their care. One person said, "I was very involved and told them where I thought the care plan wasn't quite right. They listened."
- Care plans clearly detailed people's needs and how those need should be met. Staff we spoke with knew people well and followed guidance in care plans.
- Information included needs relating to people's cultural and religious beliefs. Staff we spoke with were knowledgeable about people's individual needs and supported them in line with their wishes.
- Staff had access to all information about people through the electronic care plan system. This enabled them to have information to people's changing needs in a timely manner.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Assessments of people's needs included information relating to communication needs. Where people had verbal communication difficulties, hearing and sight impairments this had been identified and recorded.
- Care plans reflected how people's communication needs should be met. This included ensuring people were wearing glasses and hearing aids. Care plans also included where people were supported with communication by others. This related to representatives providing translation services and assistance dogs.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. There had been no recorded complaints since the provider registered with CQC.
- People and relatives knew how to make a complaint and were comfortable to do so. One person told us, "I do say if anything isn't right and [provider] will address it."
- The provider and registered manager encouraged people to raise any concerns. One person told us, "[Management team] always listens and goes out of their way to ensure I understand I have done the right thing by reporting."

End of life care and support

- There was no one receiving end of life care at the time of the inspection.

- The care plans we looked at did not contain information relating to end of life wishes. The registered manager told us they were currently reviewing the end of life care plan on the electronic system and had started by recording people's decision relating to Do Not Attempt CPR [DNACPR].

# 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not have a clear understanding of their regulatory responsibilities. This had resulted in a breach of the regulations.
- The provider spent time delivering care and told us they did not have time to 'do paperwork'. This had resulted in a lack of effective management systems.
- Systems for monitoring and improving the service were not effective as they had not identified the issues we found during the inspection.
- The provider and registered manager told us they felt the auditing system was a weakness. The registered manager was prioritising the development of quality monitoring systems.
- The registered manager had introduced a service improvement plan. This identified the areas of the service that required development and improvement. The service improvement plan identified the lack of auditing systems to provide effective monitoring of the service. However, it did not identify all of the concerns found during the inspection
- Systems for seeking feedback about the service were not always effective. The provider had sent quality questionnaires to people. Although some responses had been received there was no record of any action being taken as a result of the survey results.

We found that systems to monitor the quality of the service were not effective. This meant the registered provider and manager were not able to assure themselves of the quality of the care being provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service improvement plan provided a clear action plan identifying when actions would be completed and who would be responsible for them.

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

- We received mixed feedback from people and relatives about the provider. Some people were positive about the provider, however others told us they did not listen or take action to address issues.
- Staff also gave mixed feedback about the provider. However, staff were extremely positive about the registered manager and the improvements they had made. One member of staff told us, "[Registered

manager] is brilliant and has made a massive, massive difference. Communication, care folders are much more professional. I go to [registered manager] because I know she'll listen and get things done."

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 responsibilities in relation to duty of candour.
- There had been no incidents since the service registered with CQC where the provider had needed to consider their duty of candour.

Continuous learning and improving care; Working in partnership with others

- The registered manager was a member of a range of registered managers networks to improve their skills and knowledge. The provider and registered manager were members of the Oxfordshire Association of Care providers. This enabled them to access learning and development opportunities. For example, the qualification to enable them to assess the Care Certificate.
- The provider and registered manager had sought support from the local authority commissioners of the service. A representative was supporting them in the development and improvement of their systems and processes.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure the proper and safe management of medicines. The provider did not assess the risks or take appropriate action to mitigate the risks to people following accidents and incidents.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure there were effective systems in place to assess, monitor and improve the quality and safety of the service.</p>