

WeCARE Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

WeCare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection it was providing a service to 23 people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. The service did not currently support anyone that needed help to administer their medicines.

There were always sufficient staff deployed to meet people's needs. Staff underwent relevant pre-employment checks that assured they were suitable to care for people made vulnerable by circumstances in their own homes.

Staff were supported to have the skills and knowledge to carry out their role. They had received an induction before they could provide care to people. This was followed by regular training and support. People were supported to have sufficient amounts to eat and drink. Their care plans contained information about food and drink. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People received personalised care from staff who knew their needs and preferences. People and their relatives were involved in the planning and review of their care and support. There were arrangements in place to respond to concerns or complaints.

People were complimentary about the caring approach of staff describing them as kind, helpful and respectful. People said their dignity and privacy was protected when receiving care. People were encouraged to express their views about the care they received and felt they were listened to.

The registered manager was highly visible and regularly went to see people. The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities. There were systems to assess, monitor all aspects of the service.

Further information is in the detailed findings below

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

WeCARE Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 June 2018 and was undertaken by one inspector. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in.

Before the inspection we reviewed the information, we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law. We did not request a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information throughout our inspection.

We visited the office location on 26 June 2018 to interview staff and review records. During our office visit we spoke with the registered manager. We visited five people in their own homes and spoke with two care staff.

Is the service safe?

Our findings

People told us the service continued to be safe and they felt safe with staff. One person told us, "I feel very safe, staff always make sure I am wearing my alarm."

There were safeguarding systems and processes to support staff to understand their role and responsibilities to protect people from avoidable harm. Staff had received safeguarding training. They were aware of how to raise concerns through the relevant policies and were confident any concerns raised would be dealt with effectively to make sure people were protected. Staff were also aware they could report allegations of abuse to the local authority and the Care Quality Commission (CQC) if management staff had taken no action. A staff member told us, "I would not hesitate and think it is better to be over careful."

Care plans included risk assessments covering a range of areas, including moving and handling, nutrition and environmental safety. There was information to guide care workers when delivering support to people, including how to lessen identified risks. For example, one person was at risk of falling and their care plan stated, "Mobilises slowly, uses frame and carer to walk with [person]". These were written in a clear and simple way for staff to follow. They were reviewed on a regular basis, which meant people's safety and wellbeing were monitored and managed safely.

People consistently told us they experienced good continuity of care, from regular staff who knew them well. One person told us, "I have a group of carers who are all lovely girls, they are always on time, if they are not they always ring but it is very rare." A staff member said, "We have enough staff to cover care calls, I am never over stretched. Our rota is well organised so calls are close."

Staff underwent relevant pre-employment checks before they were employed by the service. These included the provision of suitable references, confirmation of their eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The service was not currently supporting people to administer medicines, however appropriate processes were in place should they need to. Care plans gave information on what people were currently taking and any risks or side effects associated with this medicine.

People were protected by safe infection control practices. Staff, received training in respect of good hygiene and infection prevention and control. They were also provided with sufficient amounts of personal protective equipment (PPE), such as gloves and aprons.

The service had very few accidents and incidents however, the registered manager used any accident/incident to help improve the service and keep people safe. They told of an incident where staff had found a scaffolding company had started putting up scaffolding, the registered manager immediately emailed relatives who were able to check that there were concerns about this company.

Is the service effective?

Our findings

People's needs had been assessed and care plans were based upon assessments of their needs and wishes. These assessments had been used to create the care plan.

People made positive comments about the effectiveness of the service and told us care staff had the necessary skills, knowledge and experience to provide the care and support people required. One person told us, "I only want this service, some of the staff are ex nurses and they are excellent." A staff member told us, "We have on line training and it definitely helps us to do our job. The [registered manager] is also very knowledgeable so we can ask them anything." Staff, were complimentary of the training they received, and told us they also received supervision of their practice to help ensure they were carrying out their role to the highest of standard. We viewed the training schedule that identified staff had completed the training they required to fulfil their roles. The registered manager had completed a 'train the trainer' course for safe manual handling so was able to deliver this face to face.

People, when required, were supported effectively with their nutrition and hydration, and when necessary people's care plans detailed their requirements. One person told us they shopped independently for their food but staff prepared it for them. They told us, "I shop on line and they cook it for me, they are good cooks so the food tastes good. I tell them what I want, tonight I have sea bass."

People had access to external health and social care professionals, and the service worked with external professionals to help ensure people's care was co-ordinated. For example, staff supported and promoted people to contact their GP and/or district nurse when they were observant of changing needs. One staff member told us, "We all support each other, a person I went to see today was poorly so I waited with them until their family arrived, someone else picked up my next call." A person told us, "They will call the district nurse for me if I need them to."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. People who used the service had signed to record they consented to the care and support staff provided.

Is the service caring?

Our findings

People who used the service, were very positive about the kind and caring approaches of the staff. Everyone we spoke with told us people were treated with respect, dignity and according to their individual needs. One person told us, "Staff are very good and very friendly, more like friends than carers, feels like I know them as friends." Another person said, "They are lovely, I have three or four that come, they all know my funny ways." A staff member told us, "I love my job and the clients are lovely, I know all of them." Another staff member said, "We go to regular clients, I have never been to anyone I have not already known or been introduced to by the registered manager."

Staff were knowledgeable about people's preferences. This enabled staff to involve people as with their care and to build relationships with people that were meaningful. Staff told us they always had time to have a chat with people and give them time when needed. One staff member said, "Today due to the hot weather one person wanted to stay under the shower for longer and I was happy to let them have extra time, I water their plants and try to do the little things, I never feel I am racing against time."

The registered manager was aware of how to access advocacy services if needed for people using the service. There were no people using advocacy services at the time of our inspection visit. Advocates help people to express their views, so they can be heard. People and their relatives were supported to express their views about the care and support they received. The registered manager visited everyone at least monthly and recorded their views during these visits. Questionnaires were also completed and we viewed one which said, "Superb service, could not be bettered."

People told us staff respected their privacy and dignity. There were arrangements for gaining access to people's homes, whilst maintaining privacy and ensuring people's safety. The registered manager took us to visit people in their own homes, they asked people if they were happy to talk to us prior to us entering their homes. One person told us, "They do things how I like them, including my shower, they will also massage my back when it is bad." Another person said, "They are very respectful, we work together and things go well." A staff member told us, "I provide personal care how I would expect to be treated, we cover people with a towel and keep bathroom and toilet doors closed."

We observed people were encouraged to be as independent as they could be. One person said, "They always ask 'Can I do anything else'. I am independent and they will offer but if I say no they accept this." A staff member told us, "I am a great believer in not taking over what people can do for themselves."

Is the service responsive?

Our findings

People we spoke with were pleased with how staff responded to their needs within their own homes. They confirmed they had discussed and agreed their care plan. We saw evidence in people's records of home visits to ensure people's plans remained responsive to their needs. One person said when referring to their care plan, "I can look at it if I choose, although I don't very often, the carers write up their notes each morning."

Care plans contained information about their care needs and the type of support they wanted. This included people's preferences and routines so their care could be provided in the way they wanted. We did find support plans did not always contain the level of detail staff and people told us about. However, we found people could tell us clearly, they were receiving a person centred service. One person told us, "They respond to everything I want or need." Another person told us, "They always stay for the whole time and will help me with putting the washing on, emptying the dishwasher, anything I want really."

Staff knew people well and could describe to us how people liked to be supported. Staff confirmed they had been allocated to the same people, which helped them to be more familiarised with people's individual needs. One staff member told us, "One person looked in the mirror and said, 'I do not recognise myself' the person is always very smartly dressed and so we went out together and they chose some makeup which I now help them with every day. I have not heard them say that since."

As part of people's care, staff supported people to access the local community, staff told us they supported people with their shopping, out for a coffee and to Church if that was their preference. Staff had received training in equality and diversity and the registered manager was aware of their responsibilities in ensuring people's rights were protected. The registered manager told us that they have taken people to 'singing for the brain'; and other initiatives from the Alzheimer's society and made sure that staff and people that used the service were informed of local events that they could attend.

The provider had a complaints policy and people told us they knew who to complain to if required. One person said, "I have no complaints and would go to [named registered manager] if I had any. Another person said, "I cannot fault them." We also saw numerous compliments that the service had received. These included, "Many thanks for a superb service", "Brilliant service" and, "They [staff] are both extremely kind and caring, whilst being cheerful and efficient."

People were supported at the end of their life where this was required. One person told us how the service had supported their [family member] previously at the end of their life and told us the service was very caring and supportive at this time. The service was not currently supporting anyone at the end of their life.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were very happy with the way the service was managed. They described positive communication between them and the registered manager. People told us and we saw from records that the registered manager visited them to check care standards. One person told us, "I am very happy with the service, I feel so much better, [named registered manager] came once and cooked me dinner." Another person said, "I have recommended them, they have a wonderful reputation." A third person said, "I only want WeCare, I knew them from when they were helping other people. They are lovely."

Staff also spoke positively about the support they had from the registered manager. One staff member told us, "They are very supportive and keep this business small, I enjoy going to work, I feel very lucky and privileged to do what I do." Another staff member said, "[Registered manager] is approachable and listens to us, we have time to deliver a person-centred service."

The registered manager had a sense of responsibility and had put in place an effective monitoring system which ensured high standards were maintained. The registered manager carried out visits to people at least monthly, as part of these visits they would check that people were receiving the support required as indicated by their care plan. Care plans were reviewed at least annually or if a person's needs had changed. The service was small and all staff reported to the registered manager who told us that they were happy to be contacted by staff at any time.

The service used satisfaction surveys to gain views from people who used the service and their relatives. People's feedback was consistently positive. One person said, "We have a form to fill in but I do meet [registered manager] and they will visit if I need them to."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs and district nurses. The service was a member of the United Kingdom homecare service and received information that kept them up to date in any changes in regulations, we noted the service had recently updated their data protection policy following changes in legislation. The registered manager understood their responsibility to meet the Accessible Information Standard. People with sight, hearing or language difficulties were assessed regarding their communication needs and this was documented in their files to ensure they received information in the appropriate format, if required.

