

WEF Care Limited

Respectful Care

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?	Good 

Summary of findings

Overall summary

Respectful Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Respectful Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. 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.

We carried out an announced inspection of the service on 16 July 2018. At the time of the inspection, 39 people received some element of support with their personal care. This is the service's first inspection since they registered with us in May 2017.

The policies and systems in the service did not always support people to have maximum choice and control of their lives. Where people did not have the capacity to make some decisions, suitable systems were not in place to ensure assessments were carried out and decisions were made in their best interest. Staff had been trained to administer medicines and people felt they received their medicines when needed. However, improvements were needed to ensure all medicines were recorded. The provider's policies needed to be reviewed to reflect current best practice guidance in these areas and we have made recommendations about developing these.

Potential risks were identified and management plans were in place to guide staff on the best way to reduce these risks. Staff understood their role in protecting people from harm and poor care. There were recruitment procedures in place to ensure staff were suitable to work within a caring environment. People felt there were enough staff working in the service and were supported by a small team who knew them well. Staff had access to training to improve their knowledge of care and enhance their skills.

People received kind and compassionate care. Staff supported people to maintain their dignity, independence and privacy. Staff gained information about what was important to people so that they could provide care that met their preferences. People were treated with dignity and respect and their wishes acted on so they received individualised care that reflected their personal preferences and needs. People were supported with their meals and other health and social care agencies were involved where further support was needed for people.

People had a support plan which recorded their personal preferences for the way they wanted their care to be provided and was reviewed. People felt concerns would be listened to and the registered manager was approachable. Staff felt valued and respected and felt able to contribute to the development of the service.

Quality assurance systems were in place to identify concerns and drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Information to ensure medicines were administered to people safely was not always available to ensure people received their medicines as prescribed. People felt safe and risks associated with their everyday care were identified and managed to keep them safe. Staff were suitably recruited and understood how to protect people from harm and poor care.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff sought people's consent when providing support although where people lacked capacity, assessments did not reflect how decisions had been reached and how the care provided was in their best interests. Staff knew people well and had completed training so they could provide the support they wanted. Staff received support and supervision to enable them to develop the skills and confidence to care for people. People retained responsibility for managing their own health care.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, compassion and respect by staff who knew their needs and preferences. People were encouraged to make choices and decisions about the way they lived and they were supported to be independent.

Is the service responsive?

Good ●

The service was responsive.

Care and support was planned to meet people's needs and changed when this was needed. People felt comfortable to raise

concerns and staff responded to this to improve the support people received.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to monitor how well the service was managed in relation to support and risk. People were happy with the care they received. The provider worked in partnership with other organisations to help to drive improvements. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

Respectful Care

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.

We gave the service six days' notice of the inspection visit because it is small and the manager is may be out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit activity started on 10 July 2018 and ended on 16 July 2018. It included telephone calls to people who used the service and their relatives. We visited the office location on 16 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR and information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

The inspection was informed by feedback from the telephone interviews with 12 people as well as questionnaires completed by a number of people using service, relatives and staff. We received six responses from people who used the service and one professional. We used this information to help make a judgement about the service.

We looked at records relating to four people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

Some people needed support to manage their medicines. People had a medicine administration sheet (MAR) to record when these were administered in their home. However, the care records at the office did not include any information about the medicines people needed to keep well and safe. Some people had medicines on and as and when required basis and specific guidance for when to administer these medicines was not recorded in their support plan. However, staff felt as only a small number of them visited each person, they knew people well and were confident that people received their medicines when they needed them. While staff were confident they knew people's needs well and administered the medicine when they felt it was necessary, there was still a risk that it would not be administered in line with the prescription. Where people were prompted to receive medicines, the staff did not record this on the MAR to demonstrate that people had taken these as agreed within their support plan. This meant medicines systems were not always safe.

We recommend that the provider considers current best practice guidance for managing medicines for people receiving social care in the community and take action to update their policy and practice accordingly.

People felt they received their medicines when they expected them and staff always provided them with a drink. One person told us, "The staff get my medicines ready for me and make sure I have them on time. I take them and they watch me do so and it's all done before they leave." Another person told us, "I need to take my tablets with food so when they are here, they ensure I am taking it on a spoon of porridge at breakfast time." And "I do my own medicines but I must say the staff ensure I have taken them on time as I am a diabetic. Since they have been coming my blood level has returned to normal. It is so comforting to know they are here for me on time." Checks on staff competency to administer medicines safely were carried out to ensure people's medicines were managed.

People felt there were sufficient staff to support them safely. Staff arrived on time and stayed for the agreed length of the visit. There was a small group of staff who supported each person and people told us they knew who they were and felt comfortable in their presence. Some people requested a roster so they knew who was visiting but one person told us, "I'm not really bothered as I know everyone anyway and happy with whoever comes. The staff usually tell me who it is next so I know anyway." Another person told us, "They do swap and change but I do know them all and they always fill in the book here." Where information needed to be passed on between each care call, messages were sent through a group messaging service on staff's personal phones. Staff explained that messages were anonymised and only brief information was recorded. However, the system for messaging did not have a second level of security, which may mean this information was not safe or secure.

People felt safe when staff provided them with support within their own homes. One person told us, "I feel quite safe. I feel that I can trust them with anything." Another person told us, "I feel very safe. The staff don't ever rush me. I can have panic attacks and they ensure I am safe and comfortable before leaving and make sure I am wearing my alarm wristband."

Staff had a good understanding and knowledge of safeguarding people and described how they may recognise possible abuse or neglect. The staff understood the procedure to follow to report concerns and were confident these would be dealt with appropriately by the registered manager. Staff were aware of whistleblowing procedures and how to use them. One member of staff told us, "We are reminded all the time that if we see anything then we need to report it. The manager is very approachable and I wouldn't hesitate to report anything to her." This reduced the risk of people experiencing avoidable harm.

The risks associated with people's health and safety were assessed and regularly reviewed to ensure the care provided continued to meet their individual needs. Risks assessments were completed in areas such as personal care and their home environment. Staff knew people well and where people used equipment to move around their home, the staff explained how they would support people to be safe, knew how to use any sling and which coloured loops should be used to ensure people were positioned correctly when moving from one area to another. One person told us, "I need a manual hoist to lift my legs into the bath and I am quite safe in the way the assist me safely into the bath." An environmental risk assessment was completed for hazards in the home and included information about what to do in case of power failure to keep people safe.

Where it was identified that people had an accident or injury, this was recorded by staff and a record of what action had been taken. Any injuries were recorded on a body map and the registered manager explained that where any trends were identified, people's care would be reviewed to help reduce the risk of reoccurrence and reduce the risk to people's safety.

Staff had access to a stock of personal protective equipment to ensure infection control standards were managed. Staff explained, where necessary they would use face masks and shoe protectors. Staff understood their responsibility to reduce any risks of cross infection and felt they had enough uniforms so these could be laundered each day.

When new staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. We saw that staff's suitability for the role was checked by obtaining references, having a police check and confirming the validity of their qualifications, previous experience and training.

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA. The staff told us that some people who used the service lacked capacity to make decisions about their care and support. Upon initial assessment, the registered manager completed a capacity assessment for all people who wanted to use the service in line with the company policy. This meant the principles of MCA were not being followed as capacity should be assumed. Where it was determined that people lacked capacity, there was a lack of information about how the assessment had been completed and how the decision about capacity had been reached. There was no clear best interest decision about people's care as this only recorded who should make future decisions. This meant decisions made may not be in people's best interests.

We recommend that the provider seeks advice; training and guidance from a reputable source, to assess capacity and ensure decisions are made in people's best interests.

Where people had capacity, they felt they were helped to make decisions and be in control of their care and had consented to their support plan. When starting to use the service the provider carried out a check with the Public Guardian to see whether any person had the legal authority to make any decisions on their behalf should they lack capacity.

People were supported by staff who had undergone an induction programme which gave them the skills to care for people. Staff explained their induction had been useful and had opportunities to learn about the support needs people had. New staff who had not gained any recognised care qualification would complete the care certificate as part of their induction. Staff who had completed this with a previous employer would have their competency checked to ensure they continued to understand how to support people effectively. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff had opportunities to undertake on-going training which kept their practice and knowledge up to date. Staff received supervision to help them carry out their roles effectively and this provided them with opportunities to discuss work performance, issues or concerns and any learning and development needs they had. Competency checks, including how they supported people to move and how they administered medicines were carried out as part of the supervision process and to ensure people were receiving the care they needed.

Staff were aware of what care people needed and information was recorded within their support plan to

ensure care was provided in line with best practice guidelines. People were helped to maintain their wellbeing and staff supported them with healthcare appointments when needed and worked with healthcare professionals to ensure people received the right support. One relative told us, "The occupational therapist is assessing [name] for more things. The staff help them to get washed and dressed and support them safely." We saw any advice from health professionals in relation to people's wellbeing was recorded and had been acted on by staff.

Some people received supported to prepare their meals. The staff were mainly required to warm and serve cooked meals which had already been prepared. The staff told us they promoted healthy eating and recognised where improvements could be made. For example, the provider had recognised that positive support from staff had enabled one person to overcome their fear of cookers and with support from staff was now independently cooking meals. Where staff were helping people to maintain their health and wellbeing, people told us they were happy with the food staff cooked for them.

Is the service caring?

Our findings

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. One person told us, "They are all very good, friendly, talk nice and polite and are caring. I have no problems with anything and they always ask if they can do more." Another person told us, "They are all very helpful, friendly, kind and considerate. Excellent service." and, "Very caring indeed, they are of a high calibre."

People confirmed they were happy with how they were supported by staff and they respected their privacy and dignity. One person told us, "The staff are most respectful keeping me covered when lowering me into the bath and closing doors and blinds." Another person told us, "They always support me washing and ensure I have a towel with me so I can see to my lower bits myself." And, "The staff wait outside while I am having a shower until I call them in." One professional recorded, 'I have visited whilst the staff were present in [name]'s home and have found them to be caring and competent.'

People were supported to express their views and were actively involved in making decisions about their care and support. People told us that family members could support them to express their preferences if they wanted them to be involved. People had been asked whether they preferred a male or female member of staff and those preferences had been adhered to. One person told us, "I asked the company for mature staff and that is who they send." The staff understood the importance of promoting equality and diversity. They recognised the importance of supporting people's individual lifestyle choices and to have opportunities to express their views.

People had choices about how they spent their time and staff supported people to be able to participate in activities outside of their home. Where people had special events to attend, the staff helped people to get ready and supported them to maintain their appearance and personal style. There was a commitment to caring on an individual basis.

Information was provided to people in a format they could understand to enable them to make informed choices and decisions. The current literature met the needs of the people who currently received the service. Where needed, people could have information in different formats to ensure they understood the information provided. The registered manager was aware of the importance to meet the Accessible Information Standard and told us they would keep this under review. The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand.

The provider ensured care records were not accessible to unauthorised individuals. These records were kept securely so that personal information about people was protected. People had a copy of their care records in their home and could choose who to share these with. People told us they were satisfied with the security arrangements for their home. Some people had an entry code so staff could enter their home as they were unable to move to the door to open it. The provider used a secure system people used could access electronically or via their phone. One member of staff told us, "Any key codes are recorded on a secure

system we use on our phones. We have to put in a separate email and passcode so all the information is secure. Every time we use this we have to log in and are automatically logged out. This means with our phone code and this code there's double protection so other people can't access this."

Is the service responsive?

Our findings

People were involved in the planning and delivery of their care and felt their views about this were listened to. Before starting to receive a service, the support requested and the times of the support visits was agreed with people. The care plans included personal information and a brief history about their life and why they wanted the support. There was detailed information about how to provide support and what people expected from the call. The care plans were completed with the person themselves and their relatives. Where able, care plans were signed to say people agreed. One person told us, "I do my support plan with staff. They are on the ball with this. They reviewed it after the first month and again after three months. I have it here with me at home."

People's religious and cultural needs were discussed with them prior to starting with the service. The registered manager told us that although currently people did not have specific needs that could place them at risk of discrimination, they would ensure that if people required support in the future, this would be provided.

People's needs were reviewed to identify any changes that may be needed to the care and support they received. People received support that was individualised to their personal preferences and needs. The service was flexible and the provider was responsive to changes in people's needs. We saw where risks to people had changed, a review was carried out and the care records were updated. Where changes were made, staff were alerted to review and read the support plan. One person told us, "I have input into my care plan and it is reviewed regularly with them." One care professional reported, 'The staff were very responsive to suggested adjustments to the care package and any communication I have had with them about [person who used the service] have been passed on to the rest of the carer team effectively. I regularly read the care notes and find them to be comprehensive.'

People were able to raise concerns or make a complaint if something was not right. People told us that they would be confident in speaking with the registered manager or a member of staff. One member of staff told us, "We are only a small service and we have good relationships with everyone so we all want to get it right." The provider had not received any complaints since the service was registered with us although they had a complaints procedure in place to follow where any concerns were raised.

The registered manager had an understanding of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. The current format was suitable for people who used the service and the registered manager told us that where it was identified that people needed information in a more accessible format, such as large print or in a different language this would be made available.

People were supported to pursue activities and interests that were important to them. Some people were helped with their cleaning or staff accompanied people when out; for example when shopping and going to a local pub. During these support visits, personal care was not provided and therefore this support is not

regulated by us.

There were currently no people supported by the service who were nearing the end of their life and therefore we have not reported on this.

Is the service well-led?

Our findings

The service was part of a wider group of care services known as Respectful Care. At the time of the inspection the service was registered as WEF care Limited and did not include that details that they were trading as Respectful Care; this was the name of the service that people understood to be their care provider. This had not been identified by the provider. We discussed this with the registered manager and following our inspection they submitted a notification to us to change the name of their service to Respectful Care.

The provider and managers met with other organisations within the Respectful Care Group that provided a similar service so they could share ideas and develop the service. We saw this including reviewing company policies and records together to ensure a consistent approach. We saw at the last meeting recent CQC inspections were reviewed to see if any lessons could be learnt reviewing medicines forms, how the service could promote and demonstrate the positive work they completed and how food should be labelled. This meant the provider showed how they were reviewing the service to innovate and ensure sustainability.

The service had a registered manager who people felt they could speak with. One person told us, "The manager also comes to do the care if they need cover. She keeps her hand in which is very good." Another person told us, "The manager and owner are lovely and approachable. They both come out and get involved which is excellent." The registered manager checked to make sure that people were receiving all of the care they needed. These checks included ensuring that care was being consistently provided in the right way, plans were in place which reflected how people wanted to be supported and that staff had the knowledge and skills they needed.

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns were identified, action was taken to improve quality. Monthly audits covered any incidents and accidents, complaints, and infection control. We saw the registered manager checked for any patterns and trends to ensure actions could be taken as needed. We saw that these were effective and that there were plans in place to respond to areas highlighted.

The provider celebrated staff successes and had complied information to demonstrate how well they provided support for people. We saw comments from people included, 'We are extremely happy with the service we are receiving. Everything is thought through in great detail. The staff have become good friends to them as well as looking after them, down to the last detail.' 'Excellent understanding of people's needs and how to deliver good care. Perfect timekeeping and accurate written respectful notes. Always able to adjust and be adaptable to care.' Staff told us they were proud of the service they provided and enjoyed working in the service and felt valued and respected.

Staff achievements were recognised and staff told us they felt valued and involved in the development of the service. We saw some staff had received recognition through an employee of the month award. This had included recognising where one member of staff had stayed with a person between planned care visits

because they were concerned they would not be able to travel to their home because of adverse weather.

The provider had developed a survey to seek the views of people who used the service. The registered manager explained that the first survey would be sent to people in September. We will review this on our next inspection.

The registered manager understood the requirements of their registration with the CQC and ensured that we were informed of notifiable events that occurred at the service. These can include when a person had experienced a serious injury or if an allegation of abuse had been made against staff.