

WECARE24 MEDICAL SERVICES LIMITED

Unit 22, Rosehill Business Centre

Inspection report

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Date of inspection visit:
10 April 2019
11 April 2019

Date of publication:
28 May 2019

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service: Unit 22, Rosehill Business Centre 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 people detained under the Mental Health Act, people who misuse drugs or alcohol, people with an eating disorder, learning disability or people who are living with dementia. Not everyone using 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. At the time of our inspection there were two people using the service.

On this inspection we were unable to provide the service with a rating. This was because the service had not been providing care and support to enough people over a long enough time period for us to review.

What life is like for people using this service:

There were safeguarding systems and processes in place that sought to protect people from harm. The registered manager and staff member knew the signs of abuse and what to do if they suspected it. There were systems in place to monitor people's safety which included risk assessments. Risk assessments required more detailed information to clearly demonstrate how risks had been assessed and the measures required to reduce the risk of harm. Staff were provided in sufficient numbers to meet people's needs and were safely recruited. The registered manager analysed incidents to ensure lessons were learnt.

The registered manager undertook assessments before people began to use the service to ensure they could meet people's needs. The registered manager and a staff member were the only people providing care and support. They had undertaken training to give them the skills and knowledge they needed to support people safely. People were supported to have choice in their daily lives and care and support was provided in the least restrictive way possible. The registered manager liaised with other agencies to ensure they received effective, timely care.

People received care from the registered manager and staff member who were kind, caring and compassionate. People and their relatives were supported to express their views and be involved in decisions about their care and support. People's right to privacy and to be treated with dignity and respect was upheld and protected.

People received personalised care, though care plans and records did not include the detailed information required to reflect this. The provider had a complaints policy and procedure in place which supported and encouraged people to raise concerns and make complaints.

The relative we spoke with felt the service was well managed. The staff member knew their role and what was expected of them. The provider and registered manager were aware of systems required to measure the quality of the service provided. However, at the time of our inspection there was insufficient information to enable them to evaluate the quality of the service. The provider was clear on how they wanted to develop

and improve the service.

Rating at last inspection: This was the first inspection of the service since they registered with the Care Quality Commission.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor the quality of the service through the information we receive until we return to visit as per our inspection programme. If any information of concern is received, 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?

Details are in our findings below.

Inspected but not rated

Is the service effective?

Details are in our findings below.

Inspected but not rated

Is the service caring?

Details are in our findings below.

Inspected but not rated

Is the service responsive?

Details are in our findings below.

Inspected but not rated

Is the service well-led?

Details are in our findings below.

Inspected but not rated

Unit 22, Rosehill Business Centre

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Unit 22, Rosehill Business Centre is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people who are living with dementia, have an eating disorder, learning disabilities, are detained under the mental health act or people who may misuse alcohol or substances.

The service had a registered manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hour's notice of the inspection visit because the manager was often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Inspection activity started on 10 April 2019 when we made telephone calls to relatives and staff. It ended on

11 April 2019 when we visited the office location to see the manager and review records.

When planning our inspection, we looked at the information we held about the service, which included any notifications that the provider is required to send us by law. The provider had not been sent a Provider Information Return. 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. We gave the provider the opportunity to discuss this during our inspection.

During the inspection we spoke with one relative. We were unable to speak with the two people who used the service due to their communication difficulties. We met with the registered manager, the care co-ordinator and spoke with one staff member by telephone. We reviewed care plans and records for two people and looked at records in relation to the management of the service. These included two staff recruitment and training records, key policies and procedures and quality assurance systems and processes.

Is the service safe?

Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm

We were unable to rate the service as there was not sufficient information available to us to fully assess how safe this service was. This was because the two people who used the service, had only recently begun to use the service.

Systems and processes to safeguard people from the risk of abuse:

- The provider had safeguarding systems and policies in place that referred to local authority guidance.
- These provided staff with the information they needed to understand their responsibilities to protect people from the risk of abuse and ensure people were not discriminated against.
- The registered manager and staff member told us they had completed training in safeguarding and this was confirmed in the training records we reviewed.
- The relative we spoke with told us they felt their family member was safe with staff.
- The health and social care professional we spoke with had no concerns about people's safety in using the service.

Assessing risk, safety monitoring and management:

- Risks assessments lacked detail or guidance about potential risks associated with people's care and support, and the measures staff needed to take to reduce these.
- Records comprised of a tick-box to indicate the area of risk, for example, mobility, which did not demonstrate sufficient assessment of risks and actions to keep people safe.
- One person could demonstrate behaviours that could challenge. Their care plan did not include any information or strategies for staff to follow to keep themselves and the person safe during these moments.
- The registered manager and staff member demonstrated they had developed a good understanding of individual risks to people's health and wellbeing and the steps they needed to take to reduce those risks; which was confirmed by the relative we spoke with. However, records did not reflect this detailed knowledge.
- The registered manager told us they would ensure risk assessments were improved to ensure these were sufficiently robust.

Staffing and recruitment:

- There were only sufficient staff to meet the needs of two people and this included the registered manager and one staff member.
- The registered manager told us they were in the process of recruiting more staff, as they took on new packages of care.
- The relative we spoke with told us staff were mostly on time, called if they were running late, and had never missed a call.
- Staff were recruited through safe recruitment procedures. This included checks of identity, previous employment and a check with the Disclosure and Barring Service (DBS).

- The registered manager carried out a risk assessment in the event that staff had a negative outcome to their DBS check, to ensure staff were safe and suitable to work in care services. However, this process was not recorded.
- The registered manager told us they would record outcomes of DBS risk assessments.

Using medicines safely:

- At the time of our inspection, there were no people who required support with their medicines.
- The provider ensured staff had access to training to ensure they were safe to administer medicines and were able to support people in the event this was required.

Preventing and controlling infection:

- The relative we spoke with confirmed staff wore gloves when they provided care.
- The registered manager ensured staff were provided with personal protective equipment, such as gloves and aprons.

Learning lessons when things go wrong:

- There had been no accidents that had occurred in the service.
- The registered manager had reviewed and analysed incidents of behaviours that challenged.
- This had resulted in joint working with health and social care professionals to identify what was required to reduce the frequency of incidents. This review was on-going at the time of our inspection and therefore it was not possible to determine the outcome or impact of any identified actions and lessons learnt.

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

We were unable to rate the service as there was not sufficient information available to us to fully assess how effective this service was. This was because the two people who used the service, had only recently begun to use the service, and only the registered manager and a second staff member were providing care.

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

- The registered manager met with people and those important to them, to assess their needs prior to them using the service.
- Information gathered during assessments was used to ensure the care provided met people's needs and wishes.

Staff support: induction, training, skills and experience:

- The provider had robust systems in place to support staff to undertake the initial induction training and specialist training they required to meet people's needs.
- The registered manager had sufficient previous experience and training in care to enable them to provide people with the support they needed. They also completed essential training alongside care staff.
- New staff were expected to complete an induction and work alongside experienced staff to get to know people before they supported them.
- The staff member told us, "The training is adequate. I have completed training on-line and at the office with a trainer. I have also completed specialist training, such as supporting people with behaviours that challenge, which has been really helpful in helping me to support people appropriately."
- The relative that we spoke with told us they felt staff did what they said they were going to. They were unable to determine if staff were well trained as they had only been providing care for a short time.
- The staff member we spoke with told us they felt supported by the registered manager. They told us they worked alongside them frequently and the registered manager assessed their work during care visits. They also told us they met with the registered manager at the office which enabled them to discuss their performance and development needs.

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

- At the time of our inspection, there were no people using the service who required support to maintain their nutritional needs

Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager had a good knowledge about the involvement of other professionals involved in the care of a person using the service, and liaised with them when appropriate.
- A health and social care professional told us the registered manager provided them with frequent communication and updates about the person's well-being and highlighted any concerns to them in a timely manner.

Supporting people to live healthier lives, access healthcare services and support:

- At the time of our inspection, people's healthcare needs were met by their relatives.
- The registered manager was able to describe how they could support people with health appointments which included following guidance from healthcare professionals.

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 with appropriate legal authority, through the Court of Protection.

- At the time of our inspection, both people using the service had only done so for a short time.
- The registered manager had ensured people were happy with their care and signed their consent to care and support in their care plans.
- The registered manager was in the process of working with external agencies to undertake mental capacity assessments, where appropriate.
- The registered manager and the staff member demonstrated a good understanding of the requirements of the MCA, including people's right to decline their care.
- The provider had not included any initial assessment of mental capacity within people's care plans. The registered manager told us they would ensure this information was recorded.

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

We were unable to fully assess how caring the service was as there was a very limited service being provided to two people who had only been using the service for a short time at the time of the inspection.

Ensuring people are well treated and supported; equality and diversity:

- The relative we spoke with told us staff were kind and caring and treated their family member with respect.
- The registered manager and staff member demonstrated they were dedicated to providing good care for people and supporting them to achieve the best possible outcomes.
- We were unable to gain feedback from the people who used the service.

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

- Records showed people, and those important to them, had been involved and consulted in how they wanted their care to be provided.
- The registered manager and staff member knew people's likes and dislikes and what was important to them.
- The registered manager recognised and respected the role of relatives as advocates for people and also involved external advocates, such as health professionals. This helped to ensure people were involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence:

- The registered manager and staff member told us they treated people with dignity and respect and this was confirmed by the relative we spoke with.
- For example, the registered manager and staff member had supported a person to maintain a dignified appearance and improve the standard of cleanliness in their home through consistent support and encouragement.
- People's care plans detailed what they were able to do for themselves and when they required staff support.
- People and relatives were advised how their information would be stored and shared to ensure their data was protected at all times.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

We were unable to fully assess how responsive the service was in the longer term as the service was only providing care to two people who had only recently started to use the service at the time of the inspection.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had care plans. However, care records lacked detail and did not provide the guidance staff needed to meet people's needs.
- For example, one person's care plan stated they required 'small assistance' to wash. Records did not provide any detailed information regarding the actual support staff needed to provide or what the person liked or did not like whilst being supported.
- The registered manager relied on information provided in the person's support assessment from the local authority. Records did not demonstrate they had reviewed this information or transcribed it into their care plan format to support staff to provide personalised care.
- The registered manager and staff member were able to provide detailed information about the care and support they provided. They explained that because care was only provided by the two of them, the detailed information was not always recorded. The registered manager told us they would develop and improve care plans and records.
- Daily records of care visits showed the registered manager and staff member were responsive to people's individual requests. For example, changing the times of visits if a person had not slept well.
- The registered manager confirmed that people and their relatives would be involved in reviews of their care. There had not been any reviews at the time of inspection because both people had only recently started to use the service.
- The health professional we spoke with told us they had found the service to be very responsive; had already achieved good outcomes in supporting people who had complex needs and resolved significant issues and concerns around people's needs.
- The relative we spoke with told us staff consulted and communicated with them and they felt their views were listened to.

Improving care quality in response to complaints or concerns:

- The provider had a complaints procedure in place which supported and encouraged people and relatives to express concerns about the service.
- The procedure provided people with details of external agencies where they could raise a complaint outside of the service.
- At the time of the inspection no complaints had been received.

End of life care and support:

- The service did not provide end of life care at the time of this inspection.
- The registered manager told us they would arrange suitable training for staff should this be required.

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

We were unable to fully assess how well-led the service was as the two people who used the service had only done so for a short time. It was not possible to assess or evaluate the impact of any leadership, governance or systems on the quality of care people received.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The relative we spoke with was positive about the leadership of the service. They told us, "We are very happy with them. They do what we ask. For example, we asked for male carers as [Name] responds better to them and they provided these. I think the service is well managed."
- The registered manager was involved in providing care and support to both people and was therefore in regular contact with people, relatives and the staff member.
- The registered manager was passionate about the quality of service that people received and had strong values based on providing person centred care.
- These values were shared by the staff member we spoke with.
- The registered manager was creating a culture that was open and transparent. They told us these principles would be embedded in working practices as more staff were recruited.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager was clear on their roles and responsibilities. They told us they led by example and this was confirmed by the staff member we spoke with.
- The staff member was clear on their responsibilities and told us advice and guidance was readily available from the registered manager.
- The registered manager recognised that quality assurance procedures were required to monitor and review the quality of the service. They were able to describe how they used spot checks, feedback forms and visits to people to ensure people were receiving good care.
- However, at the time of inspection there was insufficient information for the registered manager or provider to review.

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

- The registered manager provided people and their relatives with feedback forms to support them to assess the quality of care and support they received. They were in regular contact with people and relatives which meant they responded to any issues or requirements in a timely manner.
- There had been two feedback forms completed in March 2019 and both were very positive about staff and the quality of care provided.
- The staff member we spoke with told us they felt listened to. They told us the registered manager had

listened to and acted upon their feedback about a person's care needs.

- The staff member felt the service was well managed because the registered manager 'did things by the book'.

Continuous learning and improving care:

- The registered manager and provider shared a clear strategy for how they wanted to develop the service.
- The registered manager displayed a commitment to improving care where possible. This was based on achieving the best possible outcomes for people.
- The provider had a contingency plan in place and measures had been taken to ensure the service was not disrupted in the event of unforeseen events.

Working in partnership with others:

- The registered manager worked positively with external agencies. For example, they were in regular communication with health and social care professionals regarding people's care and support.