

## WE-CARE-RECRUITMENT LTD

# We-Care-Recruitment Ltd

### 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

### About the service

We Care Recruitment Ltd provides a domiciliary care service to enable people living in Oxfordshire and the surrounding areas to maintain their independence at home. There were seven people using the service at the time of the inspection, who had a wide range of physical and health care needs. The CQC only inspects services where people receive personal care which is help with tasks related to personal hygiene and eating. Where services offer personal care, we also consider any wider social care provided.

### People's experience of using this service

The manager and staff strived to provide safe care and support. The manager worked with GPs and other healthcare professions to ensure the service responded to people's changing needs safely and effectively. People's care was personalised and matched their needs, which promoted their wellbeing and improved their quality of life.

People told us staff were caring and kind. Staff's commitment and knowledge enabled people to receive care from staff who knew them well.

The manager looked for ways to improve people's lives. Staff culture was positive, and the team was caring. This had resulted in the provision of compassionate and personalised care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

People received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff fully understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

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

### Rating at last inspection:

This service was last inspected on 19 September 2018 and was rated as Requires improvement. There were two breaches of regulations. The provider completed an action plan after the last inspection to show what

they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

# We-Care-Recruitment Ltd

## 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 houses and flats. The service had a manager who had applied to register with the Care Quality Commission. A registered manager 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or the manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

#### During the inspection

We spoke with two people and two relatives. We looked at three people's care records and three medicine administration records (MAR). We spoke with two care staff, the nominated individual and the manager. The

nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records relating to the management of the service. These included three staff files, quality assurance audits, incident reports, complaints and compliments. In addition, we contacted a healthcare professional for their views.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection, required checks for new staff were not always completed to ensure staff were fit to undertake their role and were of good character. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 19.

- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. All appropriate checks were carried out prior to members of staff commencing work for the service. This included appropriate references and work history checks.
- The provider had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "We are ok for staff I think. Doesn't seem to be a problem."
- Records confirmed there were sufficient staff to support people. For example, where two staff were required these were consistently deployed. People told us staff were usually punctual. One person said, "If they are running late they call me."

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

- People told us they were safe. One person said, "Do I feel safe? Of course I do" A relative said, "Most definitely safe, yes."
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "If a client was at risk I'd call the manager, the council and CQC (Care Quality Commission)."
- The provider had safeguarding policies and systems in place to report any concerns promptly.

### Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication, environment and choking. For example, one person was at risk of falls. Guidance had been sought from a healthcare professional on how to keep this person safe, which was provided for staff, who were aware of this guidance.
- Risk assessments were regularly reviewed, and necessary changes were made.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

### Using medicines safely

- People received their medicines safely and as prescribed.
- Staff had been trained in medicines and prompted people to take their medicine. Medicine records were

consistently and accurately maintained.

- One person told us they were confident their medicines were administered safely. They said, "They [staff] remind me to take my pills and then write it down."

#### Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons.
- One staff member said, "There is never a shortage of gloves, aprons or hand gel."

#### Learning lessons when things go wrong

- The manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- The manager had introduced systems to reduce the risk of incidents reoccurring. For example, following a near miss, mobility equipment was installed in the person's home and a new environment risk assessment was carried out.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured people's needs were assessed before they were supported to ensure those needs could be met and individual care plans put in place.
- Assessments took account of current guidance. This included information relating to Care Excellence guidance, data protection legislation and standards relating to communication needs.
- People's expected outcomes were identified, and care and support were regularly reviewed and updated.
- Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles. One person said, "Yes, the carers have all the skills needed to support me."
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "It is good, I am really well supported, and I am listened to".

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

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- People were supported with their meals appropriately.
- One staff member said, "All the clients I support eat independently, it is mainly food preparation."

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

- People were supported to live healthier lives through regular access to health care professionals such as their GP, occupational therapist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.

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

Ensuring consent to care and treatment in line with law and guidance

- Staff respected people's choices and decisions. One person said, "They [staff] ask my permission when they help me. I am the decision maker."
- Staff worked to the principles of the MCA. One staff member said, "This act is all about client's capacity to make decisions. It's about what they can do and how I support them to make their decisions."

# 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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us staff were caring. One person said, "I am very happy. They [staff] are people I can talk to."
- Staff knew people well and knew how best to support them.
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or personal well-being needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices. One member of staff said, "I know my clients really well, I know their individual needs, and this enables me to treat them as individuals".

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

- People told us they were involved in their care. One relative said, "I am totally involved in all aspects of [person's] care."
- Records showed staff discussed people's care with them on an ongoing basis.
- Care plans evidenced people and their relatives had been involved in planning their care and support. People's care plans included personal information and people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People's care plans highlighted the importance of respecting privacy and dignity. People told us their dignity was respected. One person said, "Staff are very polite and respectful."
- People were supported to be as independent as possible. Care plans prompted staff to encourage people to be independent. For example, one care plan identified the person's abilities with washing, what they could do and where they needed support.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. We saw staff logging on and off computers when not in use. Staff were aware of the laws regulating how companies protect information.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had individual care plans in place which reflected their current needs including the actions staff should take to support people to meet their intended outcomes and goals.
- People's likes, and dislikes were well known to the staff team and were highlighted in people's care plans.
- The service responded to people's changing needs. Where people's conditions changed, care and support were updated to reflect the person's needs. Where practicable, people were able to alter visit times to facilitate private or medical appointments. A person commented, "I like the fact they [provider] listen. They are very accommodating."

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.

- People's communication needs were recognized. Care plans identified, recorded and flagged any communication needs such as poor eye sight or hearing loss as required by the Accessible Information Standard.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways.

Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. The service had responded appropriately to any issues. Learning took place as a result to avoid any repetition.
- One person we spoke with told us knew how to make a complaint and was confident that they would be listened to. They said, "I complained once and it was immediately dealt with."

End of life care and support

- At the time of our inspection the service was not supporting anyone receiving palliative or end of life care. The care manager said they would work alongside other health professionals if needed.
- There were systems in place to record people's advanced wishes. For example, where people expressed a wish not to be resuscitated, these wishes were recorded.

# 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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection systems and processes such as regular audits were not always in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of Regulation 17.

- The manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the manager to drive continuous improvements. For example, one audit identified that some care visits were regularly late because bus timetables did not match visit schedules. The manager put in place alternative transport arrangements for these visits resolving the issue.
- People told us they thought the service was well run. Their comments included; "Yes it's well run. I'm informed constantly of any changes. I'd recommend this service to anyone" and "I think they do alright, in fact from day one it has been really good."
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.

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

- Staff were complimentary of the support they received from the manager and the provider. One staff member commented, "He [manager] is supportive and he listens. We have a good, positive relationship."
- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager understood their responsibilities.

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

- Satisfaction surveys were regularly conducted. The results from the latest survey were positive. People and their relative's views were also sought at care reviews where they were able to discuss issues and raise concerns.

- People were positive about the service. One person said, "They ask me if I am happy with things and, if I make a suggestion, they listen and do something. It's very good."
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings.

#### Continuous learning and improving care

- The manager referred to good practice sources to obtain further training, for example, the Social Care Institute for Excellence (SCIE) or Skills for Care.
- Staff had opportunities for further training and develop their careers. This included training for national qualifications.

#### Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.