We Do Care (London) Ltd

Head Office

Inspection report

99 Windmill Lane
Greenford
Middlesex
UB6 9DR

Tel: 08000869745
Website: www.wedocarelondon.com

Date of inspection visit:
12 June 2018
15 June 2018

Date of publication:
18 July 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on 11 and 15 June 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. This was the first inspection since the service registered with the Care Quality Commission on 9 February 2017.

Head Office provides a domiciliary care service for older people living in their own homes in the community. The service offers support to people who require help with day to day care including personal care and meal preparation. At the time of our inspection there were three people using the service who were receiving personal care.

The service is required to have a registered manager and there was one in post who was also a director of the company. 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.

Staff recruitment procedures were not always followed to ensure only suitable staff were employed by the service. Auditing and monitoring processes were not robust so shortfalls were not always being identified and addressed in a timely way.

Staff undertook training, however the timeliness of some training was not always appropriate to ensure staff completed the training as part of the induction process.

People and relatives said they felt people were being cared for safely. Staff understood safeguarding procedures and were clear to report any concerns. Risk assessments for risks to people and for their home environment were carried out to maintain people's safety. Staff understood infection control procedures and followed them. Incidents and any other events were reviewed and learned from so action could be taken to minimise the risk of recurrence.

People were assessed so their needs were identified and care and support could be planned to meet them. People and relatives were happy as they felt that staff had the skills and knowledge to care for people effectively.

Staff assisted people with simple meal preparation where required. If people were unwell, staff were clear to seek medical help including calling the emergency service if required.

Processes were in place for assessing people's capacity to make decisions for themselves and staff understood the importance of people making choices about their care and treatment and reporting any concerns that could arise around a person's deteriorating mental health.

People and relatives said staff were very caring and treated people with dignity and respect, taking time with people and making them feel well cared for and listened to. People were encouraged to maintain their independence and staff understood their individual needs and wishes.

Care plans identified the care and support each person required and people and relatives confirmed staff got to know about people's backgrounds, interests and any religious or cultural needs. There was a complaints procedure in place and people and relatives confirmed they would feel confident to raise any concerns with the registered manager.

People and relatives were very happy with the service and felt that communication was good and their opinions were listened to. Staff said they enjoyed working for the service and felt well supported by the managers and directors. Policies and procedures were in place and reflected current good practice guidance and legislation.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to fit and proper persons employed and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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

Some aspects of the service were not safe.

Staff recruitment procedures were not always followed to ensure only suitable staff were employed by the service.

People and relatives said they felt people were being cared for safely. Staff understood safeguarding procedures and were clear to report any concerns. Assessments of risks to people and for their home environment were carried out to maintain people's safety.

Staff understood infection control procedures and followed them. Incidents and untoward events were reviewed and learned from so action could be taken to minimise the risk of recurrence.

Is the service effective?

Good

The service was effective.

People were assessed so their needs were identified and care and support could be planned to meet them.

Staff undertook training, however the timeliness of some training was to be reviewed to ensure staff completed the training as part of the induction process. People and relatives were happy as they felt that staff had the skills and knowledge to care for people effectively.

Staff assisted people with simple meal preparation where required. If people were unwell, staff were clear to seek medical help including calling the emergency service if required.

Processes were in place for assessing people's capacity to make decisions and staff understood the importance of people making choices about their care and treatment and reporting any concerns that could arise around a person's deteriorating mental health.

Is the service caring?

Good

The service was caring.

People and relatives said staff were caring and treated people with dignity and respect, taking time with people and making them feel well cared for and listened to.

People were encouraged to maintain their independence and staff took time to ensure they understood people's individual needs and wishes.

Is the service responsive?

Good

The service was responsive.

Care plans identified the care and support each person required and people and relatives confirmed staff got to know about people's backgrounds, interests and any religious or cultural needs.

There was a complaints procedure in place and people and relatives confirmed they would feel confident to raise any concerns with the registered manager.

At the time of the inspection the service was not providing end of life care.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Auditing and monitoring processes were not robust so shortfalls were not always being identified and addressed in a timely way.

People and relatives were very happy with the service and felt that communication was good and their opinions were listened to. Staff said they enjoyed working for the service and felt well supported by the managers and directors.

Policies and procedures were in place and reflected current good practice guidance and legislation.

Head Office

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 announced inspection took place on 11 and 15 June 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available to speak with us.

The inspection was carried out by one inspector.

Before the inspection, 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. Before we visited the service we checked the information that we held about it.

During the inspection we viewed a variety of records including three people's care records and risk assessments, recruitment and training details for three care workers, medicine administration record charts for two people using the service, policies and procedures, monitoring records and other records relevant to running a care service. We spoke with the service manager, the care director and two care workers. We gained feedback from one person using the service and two relatives. Following the inspection we spoke with the registered manager who had been on leave when we carried out our inspection.

Requires Improvement

Is the service safe?

Our findings

The provider had not always been followed safe recruitment procedures to ensure only suitable people were employed. One care worker had not completed an application form and there was no record of their past employment with reasons for leaving. There was only a character reference available and the service manager explained the referee from previous employment had not responded, but they had not sought another reference. We saw criminal records checks from the Disclosure and Barring Service (DBS) had been obtained, although staff had sometimes started working with people before the result had been received by the provider and a risk assessment to identify the suitability of the person to start work prior to checks being received had not been completed.

The above paragraph shows the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed the recruitment records for two other staff, one of whom was employed and one who had recently left the service and these contained the required information including proof of identity, right to work in the UK, health questionnaires and DBS checks. Photographic identification was available in the form of passport or driving licence photographs and staff had an identity badge that contained their photograph, which staff, people and relatives confirmed staff wore. On the second day of our inspection action had been taken to address our findings and we saw an application form had been completed and new references applied for. The service manager said she would ensure a risk assessment was completed in future if there was a delay in the receipt of a DBS check. The service manager was clear to obtain the required information and carry out the required checks before employing people in future.

At the time of our inspection there were enough staff available to meet people's needs and people had care from the same staff so there was continuity of their care and support. People had a rota so they knew who would be making their calls and confirmed that if someone was not available then they were informed so they knew to expect a different member of staff. Travel time was allowed for between visits and staff felt this was adequate.

Overall medicines were being well managed and people received these safely. Staff said they have completed training in medicines management and could describe the process they followed when supporting people with their medicines. We saw that a list of people's medicines was contained in the care records and medicine administration records (MARs) were completed. The service manager said she had received training in medicines administration and completed the new MARs and distributed them to people's homes. They had also downloaded information leaflets for each medicine so this was available for reference if any concerns around medicines were raised. On the first day of inspection the MARs did not contain administration instructions but it was clear from the timings how often the medicines were being administered. The service manager had addressed this by the second day.

We viewed the MARs for two people and a separate 'as required' (PRN) record for one person. This was for recording when they had medicines as they needed them, such as pain control tablets. The MARs were in

most cases complete but there were some gaps in signing MARS and no codes had been used to explain why these had not been signed. The service manager explained that the gaps tallied with when the person had been cared for by a relative or was at an appointment and she would discuss using the codes with staff in the future. Where someone had PRN medicine the PRN chart had been completed by the staff when they administered these and people confirmed they received their medicines as prescribed.

Safeguarding procedures were in place and understood by staff so people could be protected from abuse. Staff said they had undertaken safeguarding training and understood the process to follow to report any concerns, including whistle blowing procedures and contacting the local authority, CQC and the police if necessary.

People and relatives confirmed that people felt safe with their care workers. Risks were assessed so that any issues could be identified and action taken to minimise them. Risks for individuals such as falls, medicines and moving and handling needs. We saw that any risks were included in the care plans and where someone had experienced falls, the service manager had reviewed these and written out the action taken at the time of the fall and the plan to try and minimise recurrence. The service manager said that during severe weather conditions they ensured staff had safety information and all calls had been completed safely.

Infection control procedures were in place and being followed. Personal protective equipment (PPE) including gloves and aprons were provided and shoe covers where required. People confirmed that staff wore PPE when assisting them with personal care and staff said they washed their hands regularly and used sanitising gel for infection control.

We saw that where incidents took place, these were clearly recorded and this included the action taken to minimise the risk of recurrence and to learn from the event. The outcomes of accidents and incidents were discussed at staff meetings and we saw that action was taken to learn from any events, for example, better management for someone who had experienced frequent falls by identifying the triggers and making changes to minimise future falls.

Good

Is the service effective?

Our findings

The registered manager carried out the initial assessments of people's needs. These provided information about the care and support needs of each person and some background health information. Relatives confirmed that the assessment process had been thorough and the registered manager had taken time with them and their family member to learn about their needs. They confirmed that following the assessment the registered manager drew up the care plans and then visited them to go through the information and jointly agree to the content. People and relatives felt that the staff took the time to get to know about the people they supported. The care plans listed the care and support each person required and the frequency and times of each visit.

People and relatives confirmed they felt the staff who provided care and support had the skills and knowledge to do so effectively. Staff told us that they had completed online training in a variety of topics including safeguarding, medicines administration, health and safety, infection control and person-centred care. We saw that some of this training had been completed just before the inspection, rather than when staff had started working at the service. We discussed with the service manager the importance of staff completing training in a timely way and they said they had also identified this and were working with staff to ensure they completed the training promptly. They told us they were working with staff on the Care Certificate and five units had been given to the care workers to complete. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Staff said they had completed two weeks shadowing with the care director before working alone with people and were confident with the training and experience they had received. People said they were always introduced to new care workers and mentioned that new staff shadowed the experienced staff to learn from them. The provider however was not recording the shadowing and the service manager devised a form for this when we raised this. They said it would be used to evidence the shadowing new staff undertook in future, to provide an audit trail.

People, relatives and staff confirmed that the care workers supported people with the preparation of simple meals. Staff said if they had any concerns about people's eating and drinking then they would inform the office and the next of kin so they were aware.

Staff were clear about ensuring people's health needs were being met. They told us that if someone was unwell they would inform the office and the person's GP was contacted. If they were acutely unwell then staff said they would call for the emergency services and then inform the office, staying with the person until help arrived. One person confirmed that staff had taken appropriate action when they had been unwell and had provided the help and support they needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this for people living in their own homes are through the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff understood the importance of letting people make decisions for themselves and, when required, of acting in a person's best interests. They told us that if someone could not speak then they would watch for and learn the ways in which they communicated, for example, eye contact, body language and behaviours. For people who did not have the mental capacity to make decisions for themselves, relatives confirmed they had lasting power of attorney for finances and for health and welfare and were involved with planning the care and support their family member required. People told us they made their own day to day choices and that staff respected and encouraged them to do so. We saw that people or, where appropriate, their representatives had signed to evidence their involvement and agreement to the care plans.

Good

Is the service caring?

Our findings

People and relatives said the staff were very caring. Their comments included, "They [care workers] are heaven, sheer heaven!" and "They listen to what we are saying, they are kind and treat [family member] as a person." We asked staff what was important to them in their work. One told us, "Making sure people are safe and happy. I like coming out smiling and knowing they are happy. Being very caring, taking our time." Another said, "Treat them all as individuals with dignity, respect, care, empathy – listen to them. What they want is the priority." People and relatives had also completed feedback forms and comments were very positive, for example one relative said, "[Care workers] are all wonderful, so caring and always looking out for ways to help [person] and support her."

People confirmed they were consulted about the care and support they wanted and the care workers respected their wishes. Staff said they understood the importance of promoting people's independence so that they felt able to continue doing what they could for themselves. One person explained how they had planned with their care workers so they could safely be involved with simple meal preparation, and said this worked well for them. They confirmed they were encouraged to maintain as much independence as they were safely able to do.

People relatives confirmed the staff treated people with respect. One person said, "They are very respectful and we have a giggle as well. You've got to build up a rapport and they are very good at that, very nice." A relative told us, "They tell [family member] she looks nice and they are respectful." Staff told us they always respected people and maintained their privacy, such as ensuring doors were closed when providing personal care. Staff said they treated people as if they were their own family members. One said, "When I look I think 'would this be good enough for my mum?' and this is the company approach." The service manager said the ethos of the service was to provide good quality care that they would wish for their own relatives.

The service manager had identified a different discussion topic for each month, and for April 2018 this had been person-centred care. The service manager had emailed staff with a clear explanation of person-centred care and this would be discussed at the monthly staff meeting, so staff had the opportunity to update their knowledge.

Good

Is the service responsive?

Our findings

People and relatives confirmed that staff understood people's care and support needs and met them. One relative said, "They are delivering everything that we ask for. If there is something extra [family member] wants they will get on and do it." Care plans were clear and listed the tasks to be completed at each visit. One relative said they had been made aware by the provider that their family member's care plan was due for a review and the provider was arranging a time with them for this to be done. The registered manager confirmed they were planning reviews with people and their relatives. Where someone was unable to communicate verbally with staff their relative told us, "They try to communicate with [family member] and chat with her. She is very happy. Very good communication and they report anything they notice."

The service manager said that if people's needs changed, then they were visited and reassessed so that any change in needs could be identified and, where necessary, apply for the care package to be increased. This was also confirmed by a relative whose family member's needs had changed and a reassessment had been completed.

Staff said they enjoyed finding out about people's interests and about their cultural and religious backgrounds and felt they learnt more about different religions by speaking with people. Relatives confirmed that staff showed an interest in people and one told us, "The carers always remember if [family member] has been out and ask about it. They have an interest in what she is doing." For one person it had been arranged that the staff collected their newspaper each day as they enjoyed reading this. Information about people's interests and hobbies was not seen in the care plans we viewed and the service manager said they would speak with the registered manager regarding including this information in the future.

People and relatives confirmed they would be confident to raise any concerns they might have and felt these would be addressed. They also knew the contact details for the service and for the staff, so they could raise any issues promptly if required. The service manager arranged for a copy of the complaints procedure to be taken to people's homes to ensure they had the information they required should they wish to raise a concern. The complaints procedure contained contact details for the service, referenced the local authorities and had contact details for the Local Government Ombudsman and explained to people how to raise any concerns.

Information regarding advanced decisions in the case of health deterioration was referenced in the care records and staff confirmed this information was held in people's homes, so that they and any health care professionals had the information they required should a person's condition deteriorate. At the time of our inspection the service was not providing end of life care for anyone using the service.

Requires Improvement

Is the service well-led?

Our findings

The provider's systems for auditing and monitoring the service provision were not robust and therefore shortfalls had not always been identified and addressed. For example, shortfalls we identified with recruitment records and the timeliness of staff training had not been picked up by the provider. We also found that the daily logs and the medicine administration records (MARs) were not being checked when they were returned to the office, so any gaps in the MARs or in the time attendance records on the daily logs had not been identified and investigated so action to minimise recurrence could be put in place.

The above paragraph shows the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of the inspection the service manager showed us a document they had developed to use for monitoring records and said they would also be ensuring that all staff completed their training in a timely way in future. The service manager was responsive to our findings and took prompt action to address the shortfalls we identified. When we spoke with the registered manager they said they would be taking an active part in the auditing and monitoring of the service, to better support the service manager and so any issues could be promptly identified and addressed.

People and relatives were happy with the service that people received. One person said, "I would definitely recommend them. I talk about them to lots of different people. I've never had such a good company." A relative told us, "[Provider] is very good. This is the best company we have ever had." They confirmed that they had been asked their opinion about the service through visits and written surveys and felt they would be able to raise any points they wanted to and were confident these would be addressed.

There was a set of surveys to be sent out at four to six weeks, then six months and then annually. The service manager said the frequency would also depend on the feedback picked up on surveys and during spot checks to people's homes to gain feedback. We viewed the completed surveys and the responses were all positive. We saw the spot check records for staff performance and these covered all aspects of the care, support and following procedures and good practice guidance. These were signed by the person using the service as well as the assessor so the findings were agreed.

Staff were happy working for the service. One said, "It's an amazing company to work for and I have no concerns." Staff said they were well supported and we saw supervision sessions were carried out to discuss working practice and development. The service manager said they had regular supervision sessions with the finance director and that all those involved in the management of the service discussed any matters that were identified for action so that they could be addressed. The service manager was very responsive and took prompt action to address shortfalls we identified.

As well as person-centred care, the monthly discussion topics had included medicines management, confidentiality and the importance of families in care. In addition, whenever an issue was raised, either when providing care and support or, for example, in relation to a specific healthcare need, the service manager

would research the topic and send out information to all the staff to improve their knowledge. Topics that had been covered included boundaries of care, mental capacity and pressure sore prevention and we saw that the information was clear and would support staff in their work.

The service manager said the provider was planning to run a 'Family Fun Day' and were approaching other services that people might require such as podiatrists and hairdressing services to attend to meet with people. They said this was all currently being researched into and they were aware of the importance of working with other organisations to help meet people's needs and wishes.

The service manager was aware of the incidents and events that are reportable to CQC and we saw guidance for this. They confirmed that to date there had not been any notifiable events. Policies and procedures were in place and were reviewed annually to keep the information up to date.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always assess and monitor the quality of the service provided so areas for improvement were identified and addressed. Regulation 17(1)(2)(a)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person did not operate recruitment procedures effectively to ensure the required information was obtained for each person employed at the service to make sure they were suitable for the jobs they were employed to do. Regulation 19(1)(2)(3)(a) and Schedule 3