

WeCARE Limited

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## Inspection report

Office 205, Business & Technology Centre  
Shire Hill  
Saffron Walden  
Essex  
CB11 3AQ

Tel: 01799520655

Website: [www.wecarelimited.co.uk/](http://www.wecarelimited.co.uk/)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

WeCare Limited is a domiciliary care agency providing the regulated activity of personal care to people. The service provides support to older people and younger adults. At the time of our inspection there were 7 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service is registered to be at the address Office 205, Business & Technology Centre Shire Hill, Saffron Walden, CB11 3AQ. Information we received prior to the inspection informed us the service had moved to Waterloo House High Street, Newport, Saffron Walden, Essex, England, CB11 3PG. This location is not part of the provider's condition of registration. We are therefore considering our next enforcement action for this different location. Our inspection occurred at this Waterloo House High Street address, to ensure people were being supported safely.

### People's experience of using this service and what we found

The provider's governance arrangements did not provide assurance the service was well led. We were not assured the systems and processes to oversee the quality assurance of the service were robust and effective, as they had not identified the shortfalls we found during our inspection and regulatory requirements were not always being met.

Recruitment processes were in place. We found staff competency checks, supervisions and appraisals had not been undertaken regularly in line with the provider's own policies and procedures. People's medicines were not always administered by trained staff. We have made a recommendation about staff training and the safe management of medicines

People told us they received their care calls on time and staff stayed for the duration of the scheduled call time. However, people were not always notified if staff were running late.

Risks to people had been identified, assessed, and reviewed. However, for people who were prescribed anticoagulant medicine (to help prevent blood clots) there was no risk assessment or guidance for staff in the event of an incident or accident.

Staff knew how to keep people safe from harm. People told us they felt safe when staff were providing care. Staff had received training in Infection prevention control. Staff had access to personal protective equipment (PPE), and people and relatives told us staff wore their PPE when providing care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was good (published 25 July 2018)

#### Why we inspected

We received concerns in relation to staffing, governance and change of location address. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for WeCare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# WeCARE 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The service was being supported by a registered manager from another location. The registered managers position had been recruited to and a new manager was due to commence the day after our inspection.

#### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 29 June 2023 and ended on 11 July 2023. We visited the location's office on 4 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the provider, manager and 3 care staff. We spoke with 1 person using the service and 3 relatives about their experiences of the care and support provided. We looked at 3 staff records in relation to recruitment, training, supervision, 3 peoples support plans and medication records and a variety of records relating to the quality assurance and management of the service.

Following the inspection to the domiciliary care office, we continued to seek clarification from the manager to validate evidence found.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medication training and competency checks for staff was inconsistent. We found 2 members of staff had their competency checks undertaken but had not yet completed their theory training nor was the manager able to evidence any previously completed training.
- Following the inspection, the manager confirmed medication training had been undertaken by 1 of the members of staff. However, assurances were not provided as to how training would be monitored to ensure staff were suitably trained and competent in line with current guidance.

We recommend the provider consider current guidance on staff training around the safe management of medicines and update their practice accordingly.

- People's relatives told us they had no concerns, and their loved ones were receiving their medicines as prescribed.
- People's medicines were regularly audited by the manager who was able to review people's medication administration records (MAR) through a live electronic monitoring system, ensuring people received their medicines as prescribed.

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

- People and their relatives told us they felt safe. A person said, "Yes, I definitely feel safe." A relative told us, "[Person] is happy, they have no complaints, they have got to know the care staff and they feel safe with them."
- Staff were able to identify different types of abuse and knew how to raise concerns about people's safety. However not all staff had received training in safeguarding people from abuse. A staff member told us, "If I had concerns, a person was not safe, been harmed or neglected, I would inform my manager. If I couldn't speak to my manager, I would contact the provider. The other option would be to contact the local authority, person's GP and the police."
- Following the inspection, the manager advised us staff had started to complete the training online and they would support any member of staff if needed.
- The provider was aware of their responsibility to respond to and report abuse to the relevant authorities.

### Assessing risk, safety monitoring and management

- Risk assessments were completed with people to ensure they were kept safe. These included mobility, risk of falls, pressure care and risks to their home environment. The assessments included support methods to minimise the risk for people and staff.

- The manager had not completed risk assessments for people prescribed anticoagulant medicines (to help thin the blood and prevent clots). This meant there was no guidance for staff to follow if a person at risk of excessive bleeding was injured.
- People's care plans and risk assessments were reviewed when needed. Any changes were communicated to staff via the electronic system which meant staff were up to date immediately with the changes to ensure people were kept safe from any harm.
- The service used an electronic management system to receive real time data to ensure people's needs were being met. This included logging in and out of the person's house, tracking staff movement, visits and completed tasks. People and their relatives had the opportunity to log in to see what care had been delivered in real time.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. (MCA)

- The provider had considered people's capacity to consent as part of the initial assessments of their needs. People's capacity had been assessed where required and documented in their care plans. Where a person lacked capacity their care plans were clear on who the decision maker(s) were to act in their best interests.
- Not all staff had received training in MCA although they were able to describe what this legislation meant to them in their day to day practices. One staff member told us, "People should still be able to make certain decisions like what to wear or what they want to eat. If a person can't decide for themselves then a decision should be made in their best interests."

#### Staffing and recruitment

- We found 2 members of staff working without mandatory training being undertaken such as moving and handling, medicines, safeguarding people from abuse and other mandatory subjects. This placed people at potential risk of harm due to the provider being unable to evidence staff were competent in their roles and had not followed their induction process.
- People and relatives told us no visits were missed and staff generally arrived on time for their care calls. One person told us, "I have had no missed calls and staff arrive; however, they do not always notify me if they are running a bit late." A relative told us, "No concerns lately, [Name of person] gets a rota sheet every week, so they know who is coming and when."
- We reviewed 3 staff files to check the provider had followed safe and effective recruitment procedures. Relevant checks had been completed before staff worked at the service. These included, application forms, copies of passports or driving licence, references, proof of address and Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people's needs. The manager told us they were not taking more care packages until they were able to recruit more staff to ensure people could continue to be cared for safely.

#### Preventing and controlling infection

- Staff received training in infection prevention control.
- Staff told us they were provided with enough personal protective equipment (PPE) and people and

relatives told us staff wore appropriate PPE when providing care and support.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. A member of staff told us, "We record accident and incidents through our work phone, there is an icon specifically for this." Another staff member told us, "I would sign into my handset, go to the relevant person. There is an incident section where you complete the information. Let the manager know and call for an ambulance if required."
- Staff told us they regularly received updates regarding any changes to peoples care and support needs, this included peoples likes, dislikes and preferences and how best to support them so everyone was aware. However, we found no formal system for sharing lessons learned.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's processes for monitoring the quality and safety of the service were not robust and had failed to identify the concerns we found on inspection. The manager had completed some audits such as care planning and auditing of people's MAR charts, however we found the last care manager quality assurance audit had not been completed since May 2021.
- The provider failed to have effective oversight of the service and therefore failed to identify gaps in the safe recruitment of staff, management of risk, inconsistent supervisions, spot checks and competency checks for staff and staff training.

We found no evidence people had been harmed. However, the provider did not have robust processes in place to monitor the safety and quality of the service. This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notification appropriately to CQC.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's care needs, and wishes were respected, their care plans were regularly reviewed and updated, however reviews of people's care involving them, and their relative(s) was not consistent. A relative told us, "There is no correspondence and communication is poor. It used to be good. [Person] has completed questionnaires but we never heard anything back. I am worried the service is closing as staff appear to be leaving."
- Staff had not had the opportunity to attend regular staff meetings. The last staff meeting held was in December 2022. A member of staff told us, "We have not had any more staff meetings since the previous manager left"
- Staff supervisions were inconsistent and not in line with the providers own policies and procedures. However, staff told us they were kept updated of any changes either through telephone calls with the manager, via the electronic care planning app or by email and they felt supported by the manager. A staff

member told us, "[Manager] lives quite far away which places a lot of pressure on them if there was an emergency. However, they are always available by telephone providing support and we also have a new manager starting."

- The manager told us, "We are a team. As staffing levels decreased existing staff have gone above and beyond supporting the people using the service. I am always there to support the staff, and as we build our team again our aim is to introduce tea/coffee mornings for people to further improve relationships. To go out on a regular basis to people's homes providing the reassurance we are always here either in person or at the end of the telephone."

Continuous learning and improving care; Working in partnership with others

- The manager recognised improvements were needed to ensure the governance and leadership was more robust and effective in managing the day to day quality assurance of the service. A new manager was due to start and the manager was confident systems and processes would improve.

- The manager worked in partnership with external organisations and other healthcare professionals to support people's needs where required, such as the local authority, District Nurses, Occupational Therapists, and GPs.

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  Systems and processes to monitor, audit and improve the overall quality of the service were not robust enough.