

We Are Your Care Ltd

We Are Your Care Ltd

Inspection report

Community Centre, High Street
Leintwardine
Craven Arms
SY7 0LB

Tel: 07581749377

Date of inspection visit:
13 April 2022

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20 May 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

We Are Your Care Ltd is a domiciliary care agency. People are supported in their own homes so that they can live as independently as possible. The domiciliary care agency is registered to provide a service to younger adults, older people and people who may live with dementia, mental health, sensory impairment or physical disabilities. 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.

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

People were positive about the care they received and told us staff knew how to assist them. People and relatives told us they could rely on staff to provide their planned care safely. This included assistance with moving round their homes and to have the medicines they needed to remain well. Staff took action to ensure the risk of the spread of infections were reduced.

Staff had been supported to develop the skills and knowledge they needed to care for people. Where people wanted assistance to receive care from other health and social care professionals staff supported them to do this.

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.

People received personalised care from a small, consistent staff team who valued the bonds they had built with people. Staff cared for people in ways which promoted their rights to independence, dignity and privacy.

Staff worked with people, their relatives and other health and social care professionals to assess people's risks and plan and review their care. This included any support people may require to meet their communication needs. Systems were in place to take learning from any suggestions or complaints, should these be made.

Relatives told us the care provided to people at the end of their lives continued to focus on the needs of their family members and was provided with compassion and flexibly.

Staff told us We Are Your Care Ltd was a good place to work as they were supported and encouraged to raise any concerns as people's needs changed. People told us the culture of the service was to listen and respond to them. Relatives told us they were involved in managing people's care and support needs and suggestions

they made regarding their family member's preferences were acted on.

The registered manager checked key areas of the care provided and used their findings to drive through improvements in people's safety and care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 1 December 2020 and this is the first inspection.

Follow up

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?

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 Are Your Care 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 team consisted of two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 13 April 2022 and ended on 03 May 2022. We visited the location's office/service on 13 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 two people and two relatives. We spoke with three members of staff including the registered manager, a senior care staff member and a member of care staff.

We reviewed a range of records. These included three people's care records and multiple medication records. We looked at records relating to the management of the service and the safety and quality of people's care. For example, spot checks undertaken by the registered manager on staff practice, complaints management, and feedback provided by people and their relatives. We also looked at records showing us how staff were recruited and trained, and compliments received by staff about the care provided.

In addition, we reviewed a range of policies and procedures. For example, relating to people's safety, infection control and safeguarding adults.

Is the service safe?

Our findings

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

This is the first inspection since registration of this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who knew how to identify potential abuse and how to support people, should this occur.
- Staff had received training in safeguarding and were confident if they raised any concerns these would be promptly addressed.
- The provide had put a safeguarding policy in place to guide staff, should this be required.

Assessing risk, safety monitoring and management

- People were positive about the way their safety needs were managed. One person told us staff were always particular to ensure their home was secured as they liked, before staff completed their care call. The person also said, "I still have an alarm on my wrist, [to be used in emergencies]. [Staff] always check I have this with me before they leave."
- Relatives were consulted about their family member's safety needs. One relative explained how they had worked with staff to identify the equipment required to reduce risks to their family member's safety.
- Staff had a good understanding of people's risks and knew what action to take to promote people's safety. Staff were kept up to date as people's safety needs changed through online messaging devices, so the registered manger could be sure people's safety needs would continue to be met.

Staffing and recruitment

- People told us there were enough staff to care for them at the times agreed. One person told us how much they valued seeing regular staff and said, "Staff continuity is good." Another person told us, "Their [staff] time keeping is good, they stick to the times."
- Relatives were also positive about the reliability of staff providing care to their family members.
- The registered manger had put systems in place to check staff were suitable to work with people. For example, taking up references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found one instance where staff recruitment was not fully recorded. The registered manger gave us assurances they would introduce further checks to ensure this was addressed in the future.

Using medicines safely

- Some people managed their own medicines. Other people were supported to have the medicines they needed to remain well by staff and told us they could depend on staff to do this.
- Staff were not allowed to administer people's medicines until they had been trained to do this. Staff told

us their competency to continue to administer people's medicines was checked over time, through spot checks. The registered manager planned to record these competency checks separately in the future.

- There was no evidence of harm to people, but we found one person's medicinal allergies and guidance for staff to use for another person needed to be more consistent. The registered manager gave us their assurances they would address this without delay.

Preventing and controlling infection

- People's safety was promoted because of the actions staff took to reduce the likelihood of infections spreading. For example, through effective use of PPE.

- Staff told us they were regularly informed about changes in infection control guidance through updates from the manager.

- The provider had an infection prevention and control policy in place which reflected current guidance.

Learning lessons when things go wrong

- The registered manager reviewed any untoward incidents and gave us examples showing how they had organised additional staff training to support staff to provide good care.

- Staff told us they were encouraged to discuss any safety concerns and review these at regular staff meetings, so people's care would continue to improve in response to any concerns they may raise.

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.

This is the first inspection since registration of this service. This key question has been rated good. 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

- People had been involved in identifying their care needs and preferences. Where people wanted this, the views of their relatives had also been considered before they started to receive care from We Are Your Care Ltd. This helped to ensure people received the care they wanted.
- Other health and social care professionals were consulted as part of the assessment process. This helped to ensure people's needs would be fully met.
- Staff told us people's assessments provided them with the information they needed to support people effectively from the time they started to care for them.

Staff support: induction, training, skills and experience

- People were complimentary about the skills and knowledge of the staff team supporting them. One person told us, "You cannot fault [the care provided]. [Staff] do everything well, they are trained and work to the same pattern."
- Staff were supported to develop their skills to care for people through an induction programme and on-going training. One staff member said, "We have so much training. There's lots of investment in our skills. [Registered manager's name] is very good at that."
- We found the training staff had undertaken was linked to the needs of the people they cared for. For example, staff had opportunities to develop the skills they needed to meet people's physical health needs, such as catheter training.

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

- People and relatives were complimentary about the support provided to ensure people had enough to eat and drink. One person told us, "[Staff] do my breakfast I chose what I want, and they make me a cup of tea."
- One relative said, "[Staff] ask [person's name] what they want for lunch and they listen to them. They don't rush them."
- Where staff had any concerns people may not be having enough to eat or drink they monitored this, and developed plans to support people appropriately.

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

- People were confident staff would assist them if they wanted support to contact their GPs or the emergency health services.
- Relatives told us staff worked effectively with other health and social care professionals, and followed their advice, so their family members received the care they needed.

- Staff gave us examples which showed how they had worked jointly with other health and social care professionals such as district nurses, so people's health needs could be fully explored, and plans developed to consistently care for them. This helped to ensure people enjoyed the best health outcomes possible.

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 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were cared for by staff who understood people's rights to make their own decisions. One person told us, "They [staff] always ask if I want anything varied, they do not do anything I haven't agreed."
- Staff understood what processes to follow and how to support people, if people required assistance to make some decisions. This included who should be consulted and involved in best interest 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.

This is the first inspection since registration of this service. This key question has been rated good. 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 treated them with kindness, warmth and consideration. One person told us they felt valued by staff and said, "[Staff] are always pleasant and stop and have a chat. We chat about just about everything."
- Relatives were positive about staff's caring approach and gave us examples of spontaneous acts of kindness shown their family members and them. This included collecting shopping for people and ensuring key events were celebrated in the ways people wanted. The relative told us, "They [staff] are absolutely wonderful and love [person's name] to bits. [Staff] have the patience of a saint and help me out so much and go above and beyond."
- Staff told us they had developed close bonds with the people they cared for and said these relationships were important to them.
- People and staff gave us examples showing how care was provided in ways which positively addressed people's health and lifestyle requirements, so their needs would be fully met. For example, one person told us staff were always gentle and worked at their pace because of their health conditions and mobility support needs.

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

- People told us staff regularly checked their day to day choices and how they wished to be supported. People told us their decisions were listened to and respected.
- Staff gave us examples showing how they promoted choice and encouraged people to make their own decisions. This included in relation to what personal care they wanted, what meals and drinks people wanted preparing and if they wished to vary what times they received care.

Respecting and promoting people's privacy, dignity and independence

- People were positive about the ways their rights to dignity, independence and privacy were promoted. One person told us they felt respected because staff always came at the times agreed. Another person said, "They [staff] are very good at closing curtains and recognise I can do some things myself."
- Staff recognised people needed to maintain their independence and confidence. People gave us examples showing how staff promoted their independence and mental well-being when assisting them to move safely round their homes, or when enjoying time in their gardens.

Is the service responsive?

Our findings

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

This is the first inspection since registration of this service. This key question has been rated good. 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 and their relatives were encouraged to make suggestions for their care and these suggestions were acted on. People's care plans and risk assessments reflected their preferences, needs and what was important to them. One person said, "I have a care plan. We talked about what I wanted, it was all typed out and they [staff] all follow the care plan. If I wanted more, I only have to ask."
- One relative told us staff incorporated their knowledge of their family member's history in the way they cared for them. The relative said, "[Person's name] looks forward to going out with [staff] to the pub, hairdressers, and they take him [out] to where he grew up."
- Staff gave us examples showing how they had contributed to people's risk care planning by making suggestions to change these as people's needs changed. This included where people required additional care because their mobility needs changed.
- Systems were in place to ensure any changes in people's care needs and planning arrangements were promptly communicated to staff, so people would continue to have the care they wished.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and plans put in place to let staff know people's preferred communication methods.
- Relative's told us staff understood their family member's communication and sensory needs and took appropriate action to support them.
- Staff gave us examples showing how they supported people with their communication needs. This included assisting people by contacting other health and social care professionals if people were not able to do this independently.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints should they wish to. One person told us, "I don't have any complaints, if I needed to make any they [staff] would look into things properly."
- Systems were in place to ensure any concerns or complaints were managed appropriately and learning was taken from these.

End of life care and support

- A relative we spoke with told us about the care their family member had been provided with at the end of their lives and said, "There is nothing that could be improved. I cannot thank the team [staff] enough they were absolutely brilliant, efficient, kind, it was fantastic."
- The relative gave us examples of acts of kindness and support both their family member and they had received, and which continued to make their family member still feel valued and loved. The relative told us, "They [staff] were very professional to do with their care, but also did things personal to them. They brought a rose in for [person's name] on Valentine's day. They did not have to do things like that. I can't praise them enough."
- Staff gave us examples of how they had worked in flexible ways so people at the end of their lives felt comfortable and supported. This included varying people's care call times, to ensure their needs continued to be met at this key stage of their lives.

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.

This is the first inspection since registration of this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were very positive about the care they received and how this was managed. One person told us, "[Registered manager's name] also comes out to give care, so they're always aware of what is going on."
- One relative told us the culture of the service was to focus on people's needs. The relative gave us an example showing how staff had worked together to ensure their family member, who lived with complex care needs, was fully supported over a festive period. The relative told us this had a positive impact on their family member, and said, "Praise where praise is due. They [staff] do deserve it."
- Staff were encouraged to make suggestions to improve people's care and the service further and said their views were listened to.

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 registered manager checked key areas of people's care so they could be assured their wishes and needs were met. This included spot checks to ensure staff were following people's care plan, how they interacted with people and if staff were following good infection control practice.
- We found medication audits had not always identified areas where staff would benefit from further guidance, such as for 'as and when' required medicines. The registered manager took immediate action to address this.
- Staff told us they felt supported to provide good care by the registered manager
- The registered manager understood their responsibility to be open and honest, should something go wrong with people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to let staff know what they thought about the care provided and told their views were listened to. One person told us, "They do ask me about what I think about the care. [Staff] sent me a questionnaire last month."
- We saw feedback from people and relatives provided on questionnaires was positive.
- Staff met regularly with their line managers to identify any further training needs and to discuss their support requirements. Staff told us they were encouraged to express their views and had opportunities to

reflect on care practices.

- Where people had made comments or suggestions about their care the registered manager checked back with them over time to ensure their preferences were being met.
- Staff gave us examples showing how they were supported to work effectively with other organisations, to ensure people had the care they wanted. This included the staff team working with people, other health professionals, such as Macmillan nurses, and district nursing teams, to ensure people received good care across organisations.
- This was supported by the systems and approach taken by the registered manager, who worked in flexible ways. This helped to ensure people's health needs were known and systems were put in place to ensure all organisations had access to people's health monitoring records, where people wished this.

Continuous learning and improving care

- People gave us examples showing how their comments and suggestions were listened to. One person told us learning had been taken from their discussions about their preferences for the staff supporting them.
- The registered manager used feedback from people and their own checks to drive through improvements in people's care. This included the registered manager's checks on people's medicines, which had identified some gaps in recording. The registered manager arranged additional training for staff and continued to monitor this. Improvements were noted in recordings, which helped to ensure people remained safe and well.