

We Care 4 You Services Ltd

Edmonton

Inspection report

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Date of inspection visit:
18 October 2022

Date of publication:
30 November 2022

Ratings

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

Summary of findings

Overall summary

About the service

Edmonton, most commonly known as We Care 4 You Services Ltd, is a domiciliary care agency providing personal care and support to people living in their own homes. People's needs were varied and included older people and people who had physical disabilities. At the time of the inspection, 7 people living in Buckinghamshire were using the service.

All of the 7 people 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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

People felt safe with the service they received. Staff were caring and protected people from abuse. Risks to people were assessed and mitigated by having clear guidance in place. People received their medicines safely and as prescribed.

People received care and support from a consistent staff team. Staff had the right skills and training, and received appropriate support to perform their roles effectively.

Staff assessed people's individual needs before providing care and support to them. People received support with eating and drinking as set out in their care plans. Staff worked with other healthcare agencies to support people to live healthy lives.

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.

The service was responsive to people's changing needs. Care plans contained detailed information about people which meant staff had a clear understanding of people's needs. While people and their relatives had no complaints, a system was in place to manage complaints effectively.

People and their friends/relatives were included in managing their care and were satisfied with the care and support they received. Staff felt able to speak up and worked as a team to improve the service. The registered manager monitored the quality of service and understood their responsibilities to provide a safe environment for people, their relatives and staff.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 June 2021) and there were breaches of regulations around safe care and treatment, and good governance. 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.

At our last inspection we recommended that the provider ensure care plans were person centred and reflective of people's assessed care needs. At this inspection we found care plans had been improved and contained personalised information about people's needs.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan following the last inspection and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective, responsive and well-led where issues were found previously.

For the key question 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 requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edmonton on our website at www.cqc.org.uk.

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 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.

Edmonton

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 houses, flats and/or specialist housing.

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 a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 1 person who used the service and 3 relatives/friends about their experience of the care provided. We spoke with 3 members of staff including the provider who is also the registered manager and two care workers.

We reviewed a range of records including 3 people's care records and medicines records. We looked at 3 staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures, complaints and audits were also reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found systems were either not in place or robust enough to demonstrate risks to people were safely managed. This placed people at risk of harm and was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems were in place to minimise risks to people's health, care and welfare.
- People's care records contained assessments which identified potential risks, and guidance for staff on how these should be managed. Risk assessments covered a range of areas, including high-risk medicines, pressure care, moving and handling, and health conditions. One person had swallowing difficulties and was at risk of choking; their care records contained clear guidance for staff on how to safely support them with eating and drinking, and actions to take if they were choking.
- Staff were confident, understood people's risks and did not hesitate to seek advice or additional support, if they were concerned about the people they supported.

Using medicines safely

At our last inspection, we found medicines were not always managed safely which placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff supported people to take their medicines as prescribed.
- The registered manager ensured staff were trained and regularly assessed as competent to administer medicines. One person and relatives told us people received appropriate support with their medicines.
- Medicines administration records were accurate and signed by staff to demonstrate people had taken their medicines at the specified times.
- Where people received 'when required' (PRN) medicines, such as painkillers, guidance was in place to instruct staff on when to administer these medicines. However, the guidance for PRN medicines was not always clear and some contained conflicting information. We raised this with the registered manager who

immediately amended them and made sure they were clear and easy to follow.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff received training in safeguarding and knew how to identify and report abuse. If abuse was suspected, a staff member told us they would, "Inform my manager and report to police or CQC if needed."
- People felt safe and comfortable with staff who supported them. A person told us, "We love them, they're family."

Staffing and recruitment

- People received care and support from a consistent staff team who were competent in their roles.
- People and relatives were happy with the staff team. No missed visits were reported, and staff attended to people on time. Relatives spoke to us about the good relationship their loved ones had with the staff; comments included, "Always seen the same people (staff)" and "All been very good, no problems."
- Staff were recruited safely. Pre-employment checks included identification, written references, employment history and DBS. 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.

Preventing and controlling infection

- Measures were in place to reduce the risk of people catching and spreading infections.
- Staff wore appropriate personal protective equipment when supporting people. One person and relatives confirmed this.
- Infection control policies and procedures ensured staff had the right guidance to keep people safe.

Learning lessons when things go wrong

- The staff team continuously learnt from past mistakes to provide better care to people.
- Meeting minutes showed discussions among staff about lessons learnt when issues were identified.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- The service assessed people's needs before they started using the service. This was to ensure the team would be able to meet people's care and support needs effectively.
- Staff liaised with people, their relatives/friends and social services to ensure people's needs were clearly understood and documented in their care plans. The service assessed people's religious and cultural needs, and provided support accordingly.
- Staff reviewed people's needs regularly to ensure people received the right care and support, especially when their physical and/or emotional health changed.
- Feedback from a person and relatives confirmed staff delivered care according to people's individual needs and choices. A relative told us, "They've been outstanding, even shampooing [person's] carpet and moving furniture; [staff have] gone above and beyond."

Staff support: induction, training, skills and experience

- The service provided staff with the skills and support they needed to carry out their work.
- Staff received a comprehensive induction and training programme which included access to a variety of online courses in topics related to safe delivery of care. We saw evidence of training completed by staff which included moving and assisting people, safeguarding, infection control and first aid.
- A person and relatives felt staff were competent in delivering care. A friend of a person who used a hoist to transfer, told us, "I've seen them use it safely."
- Staff told us they felt supported in their roles. Records showed staff received regular supervisions and appraisals. A staff member told us, "If things are not going well, I speak to the manager, he listens."

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

- Where required, staff assisted people with eating and drinking as per their preferences.
- Care plans contained clear and personalised instructions on the support people needed with eating and drinking. For example, one person's care plan had the following information, "I always take Weetabix, one teaspoonful of sugar, a glass of orange juice and a flask of milky coffee."
- Staff prepared people's meals the way they wanted. A person told us, "They cook it for us, we don't like microwave meals."

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

- While most people managed their own healthcare appointments with the help of friends and relatives, staff supported people by monitoring their health and reporting any concerns promptly.
- Care plans outlined the specific health needs people had. A staff member told us, "If a person is not feeling well; tell manager, inform family member, seek GP advice if needed."
- The service worked in collaboration with other healthcare professionals and made appropriate referrals in a timely manner to ensure people's needs were met effectively. We saw records of correspondence between the registered manager and multi-disciplinary teams, including a notification sent to a person's GP to alert them of a decline in the person's health.

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.

- Staff had training in the MCA and worked in people's best interest.
- People were offered choices and encouraged to make day-to-day decisions about the support they needed.
- Care plans contained information on people's mental capacity. Staff understood to seek consent before providing care and support to people.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 received care and support that met their individual needs.
- Care plans and assessments were person-centred and contained clear directions for staff about people's daily routines and support needs, including detailed information on people's personal care preferences, food and drink choices, religion and health.
- We received positive feedback about the care people received. A relative commented, "Anything that I ever mention, they react immediately. Fantastic when they started and only got better. Individual carers learned from [person]. They sing to her. Had her birthday [party]; they turned up, even the one (staff) who was on her day off."
- At the end of each day, staff wrote handover notes which highlighted people's moods, health and well-being. These notes were shared with the rest of the team. This exercise ensured all staff remained up to date with any changes in people's care, health and/or well-being.

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.

- Staff communicated with people in ways they understood.
- People's communication abilities and needs were regularly assessed and documented in their care plans.
- Nobody required information in different formats, but the registered manager told us this would be provided if needed.

Improving care quality in response to complaints or concerns

- The service managed complaints effectively.
- People and their relatives were happy with their care and had no complaints. One person told us they knew how to make a complaint if they needed to, and said, "I've got their file [which contains information on how to make a complaint]." A relative said, "If something we're not happy with, it's amended straightaway."
- Records showed a full investigation was carried out when a complaint was made in the past, which was resolved in a timely manner.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.
- However, staff received training in end of life care and were prepared to support people at the end of their lives. A relative told us the registered manager had had discussions with them about the future care for their loved one.

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 requires improvement. At this inspection the rating has changed 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; 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

At the last inspection, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the quality of care at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 17.

- The registered manager understood their regulatory requirements and had systems in place to monitor and improve the quality of service.
- Staff were clear about their roles and responsibilities, and worked as a team.
- The registered manager carried out regular audits and spot checks to ensure they delivered good quality person-centred care. An administrative person was taken on board to support the registered manager in overseeing the service.
- The service's policies and procedures had been updated to be fit for purpose and reflective of current best practice and guidelines.
- The registered manager was aware of their responsibility to be open and honest if anything went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The staff team had created an open and fair culture where each person was in control of the care and support they received.
- People and their relatives were satisfied with the service they received. Comments included, "Extremely fortunate to have [registered manager] and his team" and "It would be horrible if they were taken away."
- The registered manager had built a good relationship with people and their friends/relatives. A relative told us, "[Registered manager] is absolutely amazing."
- The service worked in partnership with other agencies, including local authorities and medical teams, to ensure people received the right care and support which was safe and met their needs.

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

characteristics; Continuous learning and improving care

- The staff team involved people and their relatives/friends in decisions related to people's care, to ensure the service they provided was good, effective and responsive to people's needs.
- The service sought feedback from people, their relatives/friends, professionals and staff regularly through satisfaction questionnaires. The feedback was analysed, and improvement ideas were shared within the team. The registered manager contacted individuals to follow up on any comments they received to improve the service.
- People and their relatives told us they were frequently contacted and asked for their views. Comments included, "They do regularly [ask for feedback]; really good at that" and "[Registered manager] gives me a questionnaire which I read to [person] and put down their comments."
- Staff confirmed they were involved in the running of the service and asked for feedback. Staff meetings took place regularly and gave staff the opportunity to share their views. A staff member told us, "The manager asks for staff's opinion; able to suggest ideas for improvement."