

# Wellquick Ltd

# Call Us

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Call Us provides a domiciliary care service to children and adults who may also be receiving other types of therapeutic interventions from other health and social care providers as part of a complex care package. The service specialises in providing supervised contacts, providing respite services for children and adults with special needs and caring for older people and people with enduring mental health problems.

At the time of our inspection the service was supporting approximately 70 people. However, there were only five people who were receiving services under the regulated activity personal care. The people were adults who had a range of needs such as learning disability, physical disability, sensory impairment and mental health.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

The provider had limited processes to assess and monitor the quality of the service that people received. Additionally feedback the service had formally gained from people, their families and health and social care professionals had not been fully evaluated to enable the service to identify trends and/or areas for improvement. We have made a recommendation about best practice in quality assurance and monitoring processes.

People's families who spoke with us on behalf of their relatives told us that they felt their relative was safe with staff and that they would be confident to raise any concerns they had. The provider's recruitment procedures were robust. There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and were supported to receive the training and development they needed to care for and support people's individual needs.

People's families and professionals who were involved in their care were complementary of the services Call Us provided. The comments we received demonstrated that people were valued by the service and were listened to. People were treated with kindness and respect whilst their independence was promoted within their homes and the community.

People's needs were reviewed regularly and their care and support plans promoted person-centred care.

Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

## 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.

Staff knew how to protect people from abuse.

People's families who spoke with us on behalf of their relatives felt that their relatives were safe when receiving care and support from staff.

The provider had emergency plans in place which staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

### Is the service effective?

Good ●

The service was effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People had their needs met and were supported by staff who had received relevant training and who felt supported by the provider and registered manager.

Staff sought advice with regard to people's health, personal care and support in a timely way.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. Their privacy and dignity was protected.

People were encouraged and supported to maintain their independence.

People were involved in and supported to make decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care and support plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given opportunities to raise concerns.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

People were asked for their views on the service but these were not evaluated and formal audits of the services were not fully developed to promote continual improvement.

There was an open culture in the service. People's families who spoke with us on their behalf and staff found the registered manager and senior staff team approachable, open and transparent.

Staff had opportunities to say how the service could be improved and raise concerns.

# Call Us

## **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 inspection took place on 25 January 2016. It was carried out by one inspector and was announced. 48 hours' notice of the inspection was given because the service providing the regulated activity 'personal care' is small and the manager is often out of the office. We needed to be sure that they would be in the office. We were assisted on the day of our inspection by the office manager and registered manager.

Prior to the inspection we looked at the provider information return (PIR) which the provider sent to us. 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. Additionally we looked at all the information we had collected about the service.

During the inspection we sought feedback from people who use the service, their relatives, staff and health and social care professionals. The people using the service were not able to tell us verbally about the care and support they received. We obtained the views of two relatives of people who use the service who spoke on behalf of their family member. Additionally we spoke with the registered manager, four members of staff and received feedback from three social care professionals.

We looked at documents relating to four people's care and support that they received. In addition we looked at one staff recruitment file, staff training records and documents, which included electronic documents that related to the management and quality monitoring of the service.

# Is the service safe?

## Our findings

People were protected against the risks of potential abuse. There had been no safeguarding investigation since Call Us registered with the Care Quality Commission (CQC), on 1 October 2010.

People's families told us that they felt their relatives (people who use the service) were safe from abuse and or harm from the care and support workers employed by Call Us. Comments included: "I've never really had any concerns in all the years we've been with them, but I feel I would be listened to if I had".

Staff told us they knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. They were provided with details of the company's whistle blowing procedure and had the training and knowledge to identify and report safeguarding concerns to keep people safe.

There were enough staff employed by the agency to safely meet peoples' needs. Risk assessments had been carried out to identify any risks to people and/or the staff. For example staff told us that they provided double up calls when delivering care and support for an individual, adding this was: "to keep (name) safe". Staff told us that although they worked variable hours that were in some instances only two hours a month, they were always asked to support the same people. This had promoted continuity of care, which had been reflective of our discussions with people's relatives.

Call Us did not have direct responsibility for the management of people's medicines. The registered manager stated that people who required assistance with their medicine were either supported by their relative or other service providers contracted to meet the individual's personal care needs. However, staff had received training to give emergency medicine to a person with epilepsy. A risk assessment detailed action staff should take in this instance that included contacting emergency services.

There was a 24 hour on call system should there be an emergency and staff had received first aid awareness training. Emergency contact details were given to people should they require assistance in an emergency or have a concern.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

# Is the service effective?

## Our findings

At the time of our visit five people were receiving services from Call Us under the regulated activity Personal Care. The timeframes of support people received varied from weekly to once every couple of months. The support visits were agreed with the individuals' relatives or commissioning authority on their behalf.

People's families told us that they were confident that the same staff would support their relative at the agreed times. They told us that, for their relatives, it was important that they received support from the same team of staff who knew them well. Comments included: "the agency knows how important it is to keep continuity of staff so that (name) is with people (he/she) trusts" and "they (in reference to staff) are very capable".

Staff told us that they were always given enough time to support people safely without feeling they had to rush. There was an on call process that staff followed should a situation occur that prevented them from arriving to support the person on time. A professional spoke positively about the support one of their clients had received from Call Us. They told us that their client: "had benefited from the consistency that this agency has been able to provide for a very long time".

Most of the people who were using the services (under the regulated activity) were unable to communicate verbally. Their preferred method of communication was detailed within their care plan. Staff told us they had not received specific communication training, but were confident of effective communication through their knowledge of the person. A person's relative told us that the person used a picture exchange communication system (PICS and PECS) and stated: "I think they (staff) use PICS and PECS a little bit, but I don't know how much training goes in from a staff point of view". However, people's relatives we spoke were confident that staff were able to promote, enable and respect the choices people made in their daily lives through positive communication.

Staff had attended staff meetings and told us they had "group supervisions" that supported their development needs. They told us they had received a thorough induction when initially employed that had enabled them to support people confidently.

Methods of training staff received included e-learning (electronic learning, using a computer to deliver part, or all of a course). Topics covered included for example, health and safety, food hygiene and positive behaviour support. Staff were positive about the support they received from the registered manager. However, their comments about training included: "I've not accessed the electronic training as frequently as perhaps I should", and "I much prefer face to face training". The registered manager and in-house trainer who was employed by the provider told us they were reviewing how they monitored staff training. They were knowledgeable of the Care Certificate introduced in April 2015. The care certificate is a set of 15 standards that new health and social care workers need to complete during their induction period. The registered manager stated that training was now linked to the new standards for existing staff to refresh and improve their knowledge.



People received support from staff with light meals, drinks and snacks. Any specialist dietary needs or risks were detailed within the person's support plan such as 'risk of choking' whilst eating and action staff needed to take to support the person.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). 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. We found the service was working within the principles of the MCA.

## Is the service caring?

### Our findings

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times.

Families of people who use the service had nothing but praise in respect of how their relatives (people who use the services) were treated by staff. They told us that this had given them the reassurances they needed to be confident that their relatives were being cared for and supported in the way they would want to be cared for and supported. Comments included: "(name) is always happy, they treat (him/her) very well". "I always recommend them and trust them with (name's) life". "They always knock on the door before coming in and the first thing they do is say hello to (name)".

Staff had received training in equality, diversity, human rights, dignity and respect. Staff spoke respectfully of people's care and support needs. They gave examples of how individuals preferred to be assisted and of people's wishes and needs such as promoting their independence whilst being supported in the community and in their homes. Staff also spoke of the importance of being respectful, not only towards the person, but also of the person's family, whilst they supported the person to make choices around the care and support they received in the family home.

Social care professionals were very positive about the services provided by Call Us. Comments included: "Call Us staff have been so helpful, proactive, caring and thorough with everything they do for my client. I personally feel very grateful to them for all the work they carry out and their professional and conscientious attitudes". "I have found all staff with whom I have had contact to be professional in their approach with a very deep commitment to my client's welfare and happiness. My client's mother has also always commented very positively re Call Us".

People's records were securely stored to ensure the information the service had about them remained confidential at all times. Information about each person was only shared with professionals on a need to know basis.

## Is the service responsive?

### Our findings

People's families told us that they were involved in decision-making about the services their relative received from Call Us. They told us that they were invited to reviews held by other health and social care professionals who were involved with their relative's care, confirming that Call Us usually attended. A social care professional stated: "Staff reply promptly to emails and telephone messages. They attend annual reviews and contribute to other meetings as requested".

People were supported to maintain their independence within their own home and to access the community. A relative of a person said: "I drive a fair distance to meet staff so that they can take (name) swimming. It's worth it as I trust them". They are very helpful".

Care and support plans were personalised. The examples seen were thorough and reflected people's needs and choices in respect of the services they were receiving from Call Us. The plans were reviewed at least annually or as changing needs required. These were signed by staff to indicate that they had read and understood the support they were to provide, as agreed by the person and/or their representative. Comments from people's relatives included: "yes we have a copy of (name's) care plan and there is also a file".

Risk assessments had promoted people's independence, whilst detailing actions staff needed to take to reduce any identified risks. These included for example, the assessed behaviour of a person that may place them and others at risk and car journeys to attend social events.

People's families told us they had the information they needed to know what to do and who to go to if they had a concern or a complaint. The service had not received any complaints in the 12 months prior to our visit. The complaint procedure detailed that complaints and concerns would be taken seriously and used as an opportunity to improve the service.

## Is the service well-led?

### Our findings

The provider did not have effective systems in place to fully monitor the quality of the services people received. For example, within the provider information pack (PIR) that the provider returned to us on 27 August 2015, we had asked the provider to tell us what they do to ensure the service they provided was well led. In response the provider told us that they had a 24-hour on-call system that was monitored by a senior member of staff to provide support for the team of workers. Additionally we asked the provider to tell us of improvements they planned to introduce in the next 12 months. They told us that workers were encouraged daily as well as via supervision to talk and share their thoughts and observations of their working practice and that: "peer observations were planned in the next coming months". However when we visited the agency's office five months following the date of their PIR we found that no further action had been taken by the provider or registered manager to fully implement formal processes to promote quality monitoring systems such as peer observations.

During our visit the registered manager told us that they were in the process of reviewing the way they monitored areas of the service by use of an electronic system. They told us this had included monitoring of staff training, peer observations, increased spot checks of staffs practice and health and safety. However, there were no audits to demonstrate that quality monitoring processes such as spot checks and peer observations had been introduced or undertaken. Senior staff within the office told us that although they had done spot checks in the past, this had not been done in a while and that this was something: "they needed to get smarter on". Annual questionnaires were sent to people, their families and health and social care professionals to gain their views of the services provided. These were last undertaken in August 2015, but had not been evaluated at the time of our visit for the registered manager to identify trends and/or areas for improvement.

People's families were complementary of the services. They told us that the services offered a consistent approach that they felt they could depend on and had relied upon over a number of years. Comments included: "the agency knows my remit is to ensure (name) has the same staff, which they have constantly provided". "They care for (name) they have known (him/her) for so long, I could not fault them".

Staff told us that they feel supported by the management team and feel valued in the work they do.

Health and social care professionals told us the service cooperated with other services and shared information when needed. They were complementary of the services that Call Us had provided and stated that the agency has listened to what they have had to say and make contact with them if they have any concerns about the welfare of their clients.

We recommend that the service seek support and training, for the management team, about best practice in quality assurance and monitoring processes.