

We Do Care (London) Ltd

Head Office

Inspection report

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14 May 2019

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12 June 2019

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?	Good ●

Summary of findings

Overall summary

About the service: We Do Care (London) Ltd is a domiciliary care agency providing personal care and support to people living in their own homes in the London Boroughs of Ealing and Hillingdon. This is a private limited company and Head Office is the only registered location. At the time of our inspection, 11 older people were using the service.

People's experience of using this service:

People using the service and their relatives were happy with the care and support they received. They liked the staff who cared for them, who were kind, caring and supportive. People were involved in planning their own care and making decisions about this. People said the care workers arrived on time and stayed for the agreed length of time.

People using the service and their relatives felt safe. They received the support they needed with medicines and these were managed in a safe way. The risks to their safety and wellbeing, as well as their care needs, had been assessed and planned for. Care plans were regularly reviewed and updated following changes.

There were enough suitable staff working at the service. There were appropriate checks on staff as part of the recruitment and selections. The staff took part in inductions and training which helped them to understand their roles and responsibilities.

The service was appropriately managed. We Do Care (London) Ltd was a small family run business. The registered manager was involved in providing care and working alongside the other staff. People using the service and their relatives knew the manager and felt able to raise concerns or discuss changes they wanted. There were effective systems to gather their feedback, and the feedback of staff. Staff were regularly assessed in the work place and had meetings with their line manager. The provider undertook a number of audits to make sure safety and quality were assessed and improved when needed.

Rating at last inspection: The service was rated requires improvement at the last inspection of 12 June 2018 (Published 18 July 2018).

Why we inspected: We carried out this inspection as part of our scheduled plan of inspections based on the last rating.

Follow up: We will continue with our ongoing monitoring of the service and inspect again in line with our scheduled plan of inspections based on the new rating, or sooner if needed.

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

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.

Head Office

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection visit was carried out by one inspector. As part of the inspection, we contacted people who used the service and their relatives by telephone. These telephone calls were made by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 14 May 2019 to see the office manager and to review care records and policies and procedures. The expert by experience made telephone calls to people using the service and their relatives on the same day.

What we did:

Before the inspection we looked at all the information we held about the provider. This included the last inspection report, the provider's action plan and information we had received about the service since this time. We also looked at the provider's own website and other public information about the provider.

During the inspection visit we met the office manager. We spoke with two people who used the service and the relatives of three other people. We looked at the care records for four people who used the service, the staff recruitment, training and support records for all the members of staff, records of complaints, incidents, accidents and quality monitoring.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

At the last inspection of the service on 12 June 2018, we found recruitment procedures were not always being operated effectively. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 14 May 2019, we found that sufficient improvement had been made and the provider was no longer breaching this regulation.

- The provider made checks on staff suitability which included references from previous employers, application forms, interviews, checks on their identity and eligibility to work in the United Kingdom and checks on any criminal records from the Disclosure and Barring Service. We saw these had been recorded and copies were available for inspection.
- Following successful appointment, the staff completed an induction and training. Their competencies were assessed so that the provider could make sure they were suitable and had the skills and qualities needed for the role.
- People using the service and their relatives told us there were enough staff to meet their needs. They said that staff always arrived on time for visits, stayed the agreed length of time and they had the same regular and familiar staff caring for them. They also said that the agency kept them informed if staff were going to be late for any reason.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they felt safe with the agency. Their comments included, "I feel safe because I know when they are coming and how they are going to help", "I feel they are safe because there are good carers" and "One hundred percent safe!"
- The provider had procedures for safeguarding adults and whistle blowing. The staff had received training in this and these procedures were discussed during team and individual staff meetings to make sure they were familiar with what they should do if they suspected someone was being abused.
- The office manager told us there had not been any safeguarding concerns at the service.

Assessing risk, safety monitoring and management

- The provider assessed the risks to people's safety and wellbeing. The assessments included risks associated with their physical and mental health, mobility, their living environment, medicines, choking and

skin integrity. The assessments were appropriately detailed giving clear guidance on the level of risk for the person and interventions the staff should undertake to mitigate these risks. The assessments were regularly updated.

- The staff had received training in safe handling techniques and use of equipment, so they knew how to support people to move safely. They had responded appropriately when people had fallen or were at risk.

Using medicines safely

- Medicines were managed in a safe way. The provider had recorded the details of each person's medicines, including any risks associated with these, even when the staff were not responsible for administering these. There were patient information sheets for each medicine, describing why it was being used and any potential side effects to be aware of. There was a medicines risk assessment for each person describing who was responsible for administering their medicines.

- The staff completed medicines administration records for medicines they had provided to people. These were collected and audited by the management team each month. We saw that the audits had identified, and investigated, any discrepancies in recording.

- The staff received training in the safe handling of medicines. Their knowledge and competencies in this area were assessed before they were able to administer medicines to people. The provider's checks on staff included regular observation to make sure they continued to follow medicines procedures and handle these in a safe way.

Preventing and controlling infection

- People using the service and families told us that the staff washed their hands and wore gloves to provide care. Supplies of gloves, aprons and other equipment was kept at people's homes for staff to access and the office manager told us they regularly visited and replenished any supplies which were needed.
- There was an infection control procedure and the staff had training in this. The provider carried out an assessment of people's home environment and highlighted any infection or cleanliness risks and how they would resolve these.

Learning lessons when things go wrong

- The provider had systems for learning from things that had gone wrong to improve the service. All accidents, incidents and complaints were reported to the management team and recorded. The records showed that the staff had responded appropriately at the time, seeking medical assistance when required. There was also appropriate follow up action, which included the registered manager visiting people and reassessing their needs.
- Following each incident, the provider had recorded improvement plans which stated how they had learnt from these and action they had taken to reduce the risk of reoccurrence. We saw that action had been taken. For example, following one incident in 2018, the provider had contacted all the staff to remind them about certain safety measures. In another incident, a member of staff received additional training and supervision to make sure they understood what had gone wrong and why they needed to improve their practice. Incidents and changes in people's needs were discussed at team meetings to make sure all of the staff were aware of any changes they needed to make.

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

Good: ☐ 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's needs and choices were assessed before they started using the service. They confirmed this to us, telling us that they had met one of the management team and spoken with them about the care they wanted.

- There were detailed recorded assessments in each person's care file. These were clear and included information about the person's opinions, the assessor's opinions and any specific needs the person had for each area, such as health, communication, nutrition, social needs, safety, medicines, mobility and personal care.

- The care plans reflected information which had been gathered at these assessments.

- The office manager told us that any staff who worked with people were introduced by one of the managers before they started supporting that person. They told us they matched staff skills and personalities to meet the needs of each person.

Staff support: induction, training, skills and experience

- The staff received the support, induction and training they needed to provide effective care. All new members of staff shadowed experienced workers for at least 10 different visits to different people using the service, or more if either they, or their assessor felt this was needed. During the shadowing sessions the assessors recorded how the members of staff performed and any areas of improvement they needed.

- The staff completed training via on line courses and practical face to face training provided by the management team. The provider also ran workshops for all staff about specific topics so they could learn together. Workshops had included person centred care, dementia and depression, adapting environments to prevent falls and loss and bereavement.

- There were regular staff meetings and individual supervision meetings for the staff to discuss their training needs, performance and any concerns they had. These meetings were recorded.

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

- People's nutritional and hydration needs were recorded in their care plans along with information about what people could do for themselves. There were extra notes to remind the staff to promote good hydration, and when people had specific cultural needs or dietary preferences.

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

- People's healthcare needs were recorded as part of their assessments and care plans. One person told us that the registered manager had told them they would support them to access any healthcare services they needed. The plans contained information about the healthcare professionals who supported people, such as doctors and specialists.
- The logs of care written by the staff showed that they monitored people's health and wellbeing at each visit. Records of accidents and incidents showed that the staff had sought medical advice or assistance when needed. The provider had referred people for additional external assessment when they had identified changes in their health needs or mobility.

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 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 with appropriate legal authority.

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

- The provider had undertaken assessments of people's mental capacity. People using the service, and their representatives, had been involved in these assessments. Their perspective on different aspects of their care had been recorded. There was a section in care plans relating to choices, control and communication. Where people were able to make decisions, this had been recorded and they had consented to their care plan and contract of care.
- For people who lacked the mental capacity to make decisions about their care, the provider had made decisions in their best interests along with their representatives. These decisions were clearly recorded and had been regularly reviewed.

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

Good: ☐ 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 using the service told us that they were treated well by kind and caring staff. Some of their comments included, "The best thing about the service is the friendliness and caring staff they have", "The staff are consistently good and reliable", "The carers are kind and caring, they are always respectful", "Before I started using the service [another person told me] how caring the staff were and we are very happy with how we are treated", "The agency is so caring" and "The carers are very kind and as soon as they leave [my relative] wants them back again."

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

- People were supported to make decisions about their own care. They confirmed this, with comments which included, "They are very good and help me to make my own choices", "They are there if I need, but I am able to make decisions", "They consult us [relatives] and [the person]" and "If we need anything we can just ask and it happens."

- Care plans included information about how people communicated and made decisions, along with guidance for the staff about how to provide informed choices for people. Each area of the care plan included a record of the person's perspective on this area and any choices they had made.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. They said that the staff provided care behind closed doors and made sure they were covered up.

- People told us they were supported to be independent when they wished. Care plans included information about the things people could do for themselves. Records of care provided showed that the staff encouraged this and supported people to be independent.

- People told us that their cultural needs were respected by the staff. The staff had received training regarding equality and diversity. The office manager told us they were going to look at ways they could access training for the staff to have a better understanding about supporting older people who identified as LGBT+ (Lesbian, Gay, Bisexual and Transgender).

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People using the service told us they received care which met their needs and reflected their preferences. They said that they had been given a copy of their care plan and other information about the service. The staff arrived as planned and carried out all the tasks they had agreed to at each visit. People said that their choices and preferences were respected.

- The care plans described information about each person's needs, preferences and how they should be cared for. They were designed in a clear way and were easy to understand and follow. There were specific goals for some people, which had been agreed with the person so they could work towards these with the support of the staff. The plans were regularly reviewed and had been updated when changes had happened and at regular intervals. The logs of care which had been provided were detailed and showed that the staff had followed care plans.

- The agency had good relationships with people's families and the office manager told us they had regular contact with them. Family members confirmed this, explaining that they felt the agency worked as part of a team with them providing care to people. The office manager explained how important they felt this role was in making sure people were happy and their emotional wellbeing was met by the staff from the agency, as well as their physical needs.

Improving care quality in response to complaints or concerns

- People using the service and their representatives told us they did not have any concerns but knew what to do if they did. They said that whenever they spoke with one of the managers they received an immediate response.

- There was a complaints procedure, and people had been given a copy of this. The provider used a system of 'improvement plans' to record how any concerns or incidents were responded to so that these could be learnt from and improvements to the whole service made.

End of life care and support

- People using the service were not being supported with end of life care at the time of the inspection. However, the staff had previously cared for whose health had declined and they had required additional support and intervention. The office manager was able to tell us about the work they had undertaken with other professionals to make sure the person received the right support and services.

- The office manager told us that the service would continue to support people if and when their needs changed if they could, but they did not plan to offer a specific palliative care service as this would require

staff with additional training and skills. The staff working at the service had taken part in some training around death and bereavement. The office manager said that further training would be provided if needed.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the last inspection on 12 June 2018, we found the provider had not always assessed and monitored the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 14 May 2019, we found that sufficient improvement had been made and the provider was no longer breaching this regulation.

- The provider had systems for monitoring and improving the quality of the service. These included carrying out regular 'spot checks' on the staff. The spot checks included looking at punctuality, performance, whether infection control procedures were adhered to, if care needs were met, whether staff were polite, considerate and caring and whether the person using the service was happy.
- Staff took part in regular team meetings and individual supervision sessions to discuss the service and any improvements which they could make. There were 'topics' of the month, where the management team shared information, guidance and held discussions about a specific theme, such as dementia awareness. This helped the staff to learn and work towards the same objectives.
- The management team visited each person monthly to make sure they were happy with the care provided and to collect logs of care and medicines administration records. These were audited and any areas of concern were identified and addressed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People using the service and their families told us they were happy with the service. They said they received a personalised service which met their needs. They commented that the service was flexible and supportive. Most people said the service had been recommended to them, and they all said they would recommend it to others. Some of their comments included, "They are much more flexible than other agencies", "It is such a good agency" and "I couldn't ask for better."
- An independent home care review website included five reviews about the service submitted by relatives. They were all positive and the relatives leaving the reviews stated they would recommend the agency. One comment left in March 2019 stated, "They are amazing...[person] was so happy with how brilliant and helpful they were." Another review, also left in March 2019, stated, "We do Care have been caring for

[person] which has greatly improved [their] quality of life. We thought [person] would never take so happily to having carers, but this has all been due to the individual care, reliability, flexibility and professional way they have considered [person's] care needs."

- There were appropriate systems to make sure the service ran smoothly, including well organised, accessible, up to date and accurate records and a range of policies and procedures which had been regularly reviewed and updated.

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

- The registered manager worked closely with senior staff and the office manager in running the service. Both the registered manager and senior care worker had a management in care qualification and were looking at undertaking further qualifications. All of the management team also worked as care workers, providing care directly to people using the service.

- The office manager told us that the company worked on the philosophy that they cared for people as they would want a relative cared for themselves. They told us that they always made sure the staff sat and talked to people and built a good relationship.

- Some of the comments people using the service and their relatives said about the registered manager included, "I know the manager, she is very helpful", "The manager is brilliant" and "The manager is one of the carers and is really good."

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

- People using the service, staff and other stakeholders were asked for their views about the service and if they were happy. The management team met with them each month and also carried out telephone monitoring to ask about different aspects of the service.
- People using the service, their relatives and staff had completed satisfaction surveys asking them whether the staff were professional, caring, knowledgeable, on time and helpful, as well as if they wanted any changes. Feedback they had received had been positive with comments which included, "We are extremely happy with all you do for [person] - [they] are happy and well cared for and you are so friendly and helpful" and "[The care workers] are all wonderful and so caring, always looking out for ways to help [person] and support [them]."
- There were regular reviews of people's care where the registered manager met with people and reviewed all aspects of their care plan and the support they had received. People's views and perspectives were recorded as part of this.

Working in partnership with others

- The registered manager and staff kept themselves up to date with changes in legislation and guidance through regular workshops. The registered manager liaised with the local authority and other healthcare professionals to make sure people received joined up care which met their needs.