

We Care Together Southampton Limited

# We Care Together Southampton

## 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?

Good ●

# Summary of findings

## Overall summary

### About the service

We Care Together Southampton is a domiciliary care service providing personal care to people in their own homes. The service provides support to older and younger adults, people living with dementia or mental health conditions and people who have a physical disability. At the time of our inspection there were 39 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 supported by staff who had been safely recruited and participated in appropriate training. Staff were aware of possible safeguarding risks and acted in the event they suspected abuse had occurred. Risks were assessed however we thought additional assessments and actions could improve safety when delivering care. Medicines were safely managed.

People were assessed and care plans devised to provide them with person-centred care support. People received appropriate assistance with meals and drinks and to access healthcare services. 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.

Staff were caring and respectful when speaking about people and feedback from people and relatives echoed this. Staff promoted people's dignity and respect.

Support plans were person-centred and contained sufficient information to ensure people received their care in the manner they wanted. An electronic care system ensured updates in care planning were shared quickly among staff. Information was available in some different formats to aid understanding but this could be further developed.

The registered managers were accessible to their teams and encouraged staff to develop skills in order to progress within their work. The management team completed regular audits to ensure the quality of the service and identify areas for improvement. The provider forged positive working relationships with some health and social care professionals and had worked closely with community nursing teams to support the recovery of pressure wounds.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for the service under the previous provider was good, published on 11 October 2018.

#### Why we inspected

This was a planned inspection based on the provider changing the legal entity of the service therefore becoming unrated.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# We Care Together Southampton

## **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 2 inspectors. An Expert by Experience contacted people and relatives following the inspection to obtain feedback about the service. 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 and 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 were 2 registered managers in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and office staff may assist with care calls. We needed to make sure someone would be there to support our inspection

activity.

#### What we did before the inspection

We reviewed information we already held about the provider. We used information gathered as part of a monitoring activity that took place on 12 April 2022 to help plan the inspection and inform our judgements. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection

We spoke with both registered managers, 1 of whom is also the nominated individual, and other office-based staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 2 support workers and 1 senior support worker who visited the office to meet us. We looked at 5 care records and a variety of records associated with running the service.

Following the inspection, an Expert by Experience contacted peoples and their relatives to obtain feedback about the service. They spoke with 9 relatives and 1 person using service.

# 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 of this newly registered 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

- Staff members completed training in safeguarding as part of their induction, this training was updated at regular intervals to ensure they were aware of possible safeguarding risks both involving the people they cared for and their family members.
- The registered managers had not notified us of 2 safeguarding concerns that had occurred within the service as they were not aware this was required. They had informed the local authority and we saw appropriate investigations had been completed by both the provider and the local authority. The registered manager has the required information and links to send us any future safeguarding concerns. There was no negative impact on people as a result of this.
- Staff were clear about what they should do should they suspect abuse had taken place telling us, "Deputy manager is the lead in safeguarding and if I had any concerns I would go to management. I had to do that once and they took it seriously. I'm aware of whistle-blowing and would feel confident to use."
- Relatives felt their family members were safely cared for by staff. One told us, "[They are] very safe with the carers... they are a lovely group of girls."

Assessing risk, safety monitoring and management

- The provider had developed a tool to assess each person's strengths, needs, environment, health and well-being prior to commencing support packages. This included assessing for support needs and their mental health. For example, the support needs assessment identified if people were at risk of social isolation due to reluctance to socialise or if their mood tended towards depression or if they were at risk due to lack of awareness of safety when smoking.
- Environmental risk assessments could have been more detailed in order to fully inform staff about a range of potential risks associated with pets and moving and handling equipment for example. .
- Where people were at risk of self-harm, risk assessments could have been more detailed about how this risk was to be managed and mitigated and actions to be taken to support the person.

Staffing and recruitment

- Staff were safely recruited. All pre-employment checks had been carried out before people commenced in post. Records did not initially reflect this however the registered manager had documents such as emails to evidence repeatedly requesting references and had discussed gaps in employment histories with staff but had not added these to the staff recruitment record.
- A Disclosure and Barring Service (DBS) check was completed on all staff prior to commencing in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff deployed to ensure all care calls were completed and people were not left waiting

significant time for staff. The provider was very clear they would only take new referrals if they had capacity within their team to accommodate their needs.

#### Using medicines safely

- People received varying levels of support from staff and care plans reflected this.
- There was an eCare system and medicines administration records were electronic and provided a 'live' view to office-based managers informing them if medicines had been administered as needed. This enabled follow up should it appear that a medicine had been missed.
- Staff completed training in administration of medicines and had a competence assessment to ensure they were able to safely support people with medicines.

#### Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE) to use when providing care to people. This included gloves, aprons and face masks.
- Staff completed training in infection prevention and control which was updated regularly.

#### Learning lessons when things go wrong

- When incidents and accidents happened, the provider reviewed these to ensure that relevant actions had been taken and learned achieved. For example, recent concern in a home meant contacting a relative of the person to have urgent checks to fixtures and fittings. They failed to complete this and the provider will, in future similar cases, ensure requests are communicated more clearly and follow up to ensure they have been completed.
- Staff shared learning with the management team who in turn shared it with the team. For example, should a staff member find a person responded more positively to a particular approach they would share this.

# 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 for this newly registered 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 assessments and care plans in their care records. We saw assessments from social services and hospitals that had been used to develop care plans.
- Care plans covered all aspects of health and well-being including for example, pressure relief, pain, food and fluids, communication, personal care and mental health.
- Some personal history was recorded in each of the care plans we saw however additional information may have been useful for staff when supporting people living with dementia to ensure that the care was person centred and in keeping with their known preferences.
- A relative told us, "The staff are always very supportive. The care plan was set up while my husband was in hospital just before he came home. It works very well."

Staff support: induction, training, skills and experience

- Staff completed a thorough induction training package on commencing employment at We Care Together Southampton. This included some on-line training and face to face sessions with an in-house trainer.
- Staff new to care positions completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Staff could progress from in-house training to completing qualifications. Currently staff were able to enrol on level 3 qualifications such as care diplomas. Another staff member was completing their level 5 award.
- Staff completed shadow shifts before being added to the staff rota. If they were not deemed competent on completion of the shadow shifts, they would be assessed by the management team and additional training given.
- The provider was developing their service provision to include supporting people living with the lifelong effects of head injuries and other conditions. This part of the service was being overseen by registered nurses and relevant training was in place.
- Relatives praised the staff team for their consistency in completing caring tasks.

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

- People received varying levels of support with food and fluids. This included support with meal preparation and eating and drinking, including for those who required a modified diet.
- Staff completed training in food hygiene and ensured people were supplied with meals and drinks according to their needs.

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

- The provider worked well with health and social care teams and did not hesitate to contact them when professional input was required for a person.
- The provider was effective at maintaining peoples skin integrity. They recognised wounds were a significant health risk to people and on commencing care completed skin checks which were completed each time personal care was delivered. They had strong links with district nursing teams and tissue viability specialists.
- People discharged from hospital with significant pressure wounds had been supported during treatment by staff and the registered manager described situations where they had been able to support in wound prevention also.
- Staff reported some challenges with supporting people to always access GP appointments or reviews but continued to try and advocate on behalf of people using the service.

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.

- Whilst the provider was working within the principles of the MCA, they had not routinely been completing MCA assessments, or making best interest decisions for people they provided care for. All assessments had been completed by health or social care professionals and the registered manager had not completed any in-house. This covered current MCA requirements however there may be a need for additional decisions in future.
- We recommended the provider use an MCA 'toolkit' which they reviewed and will commence using.

# 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 for this newly registered 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

- Staff provided people with person-centred care according to their care plans. This ensured they were receiving care in the way they preferred.
- A relative told us, "[They] help my husband with his personal hygiene, they're very kind. They know my husband's likes and dislikes. We get on very well."
- Another relative said, "They always make sure my husband is comfortable before they leave."
- Care plans identified characteristics such as gender and disability and planned for associated needs accordingly.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff told us how they would support people and maintain their dignity. A staff member told us, "Dignity, curtains closed make sure they are happy, talk to them, cover them up when washing and making sure they are happy."
- The provider was committed to offering a quality care service and had not increased the numbers of people they had supported to ensure staff had sufficient time to provide person centred care to people.
- A relative told us, "Always make sure my husband is comfortable before they leave" and another relative said, "Help my husband with his personal hygiene, they're very kind".
- People were asked for consent before staff completed any care tasks and were involved in care planning as far as they were able.

# 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 for this newly registered 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

- Support plans were developed from assessments, some of which had been completed by health and social care professionals. These held information about people's needs and how they preferred to receive their care.
- A staff member told us, "I feel confident. Care plans are electronic, all the information is on there and good to read before we go in as I like to sit and read through."
- Changes to care plans could be flagged on the electronic care system and staff were notified of all changes to care provision prior to attending calls.

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.

- The provider had met the requirements of the Accessible Information Standard, however could widen the formats they provide information in to include large print versions for example.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy and procedure. They had not received any complaints so had yet to use the process.
- The provider had not missed a care call since the service opened.

End of life care and support

- The registered manager told us they had supported a number of people at the end of their life. Staff were trained to provide appropriate support and followed the guidance of healthcare professionals.

# 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 for this newly registered 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

- Staff told us the management team and other office-based staff were supportive and available to them.
- The provider empowered staff to progress. Staff had been promoted from within and had been encouraged to develop their skills and gain new qualifications.
- A relative told us, "The care is just excellent, I can't fault it. I would know who to speak to if there was a problem. I have all the phone numbers I need. We have no problems."
- A staff member told us, "The staff members are all well trained (in my opinion) and each client is treated respectfully, compassionately and as an individual, which in my personal opinion, is the whole point of good care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider notified CQC about some events that happened in the service however had not notified us of 2 safeguarding concerns. Please see the safe section of this report for more details.
- The registered manager completed a wide range of audits to ensure the smooth and safe running of the service. For example, they reviewed areas such as staff driving insurance renewal dates, wound care and learning and development. Areas for improvement found were acted upon promptly.
- Spot checks on staff happened at 3-month intervals. These not only provided a supportive session between staff and their line manager but gave a good indicator of the quality of service being delivered.
- Care plans were not formally audited as the registered manager knew they were current as they were reviewed so frequently, between weekly and 3-monthly.
- The provider was aware of their responsibility under the duty of candour and would act appropriately should the need arise.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider continually worked towards improving the service they provided. For example, training had been a recent focus and they had designated staff members to complete train the trainer courses and were commencing a more face to face approach to training to enable a more holistic learning experience than the online training they also used.
- Quality assurance questionnaires had routinely been issued by the provider however they had changed

this approach after people and their relatives had expressed a reluctance to complete them.

- The provider was now using a less formal but effective means of assessing people's experience of the service by talking through this at their annual reviews. This feedback was used to improve both that person's service and if necessary, more widely across other care packages.

Working in partnership with others

- The provider strived to forge positive working relationships with relevant health and social care professionals and had mostly been successful in this. They told us about some reluctance from GP practices to engage fully with them, but work continued to try and improve this.
- The provider kept their contracts with commissioning authorities under review to ensure this did not compromise their ability to meet their existing care commitments.