

We Care Agency Ltd

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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 Agency Limited is a domiciliary care agency and is registered to provide personal care to people living in their own homes. At the time of our inspection, the agency was providing a service of personal care to 7 people. 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 felt safe, there were processes in place to safeguard people from abuse. There was guidance for staff to keep people safe from harm. One relative said, "Staff are well trained and we would speak to the managers if we had any concerns." Staff wore appropriate personal protective equipment (PPE) such as face masks, disposable gloves and aprons. Staff understood their responsibilities and could recognise and report abuse.

People's care needs were assessed and reviewed. Staff completed training to know how to care for people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's privacy, dignity and independence were respected and promoted. One person told us, "The staff are very caring and understanding of my support needs." The provider operated effective systems to monitor and improve the quality of the service. The registered manager responded appropriately where quality and safety were being compromised and improvements were made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for this service was good (published 16 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for We Care Agency 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? The service was safe	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well led.	Good ●

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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 and flats.

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 the service 48 hours' notice of the inspection. This was because it is a small service and 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 they registered. 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.

During the inspection

We met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at care records for 4 people who used the service and 5 staff files for recruitment, training, and support records. We looked at other records the provider used for managing the service. As part of the inspection, we spoke with 2 people, 2 relatives and 4 staff to receive feedback of their experience of the service.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse. There was an up to date safeguarding policy in place to guide staff if needed.
- Staff had safeguarding training and knew how to recognise signs of abuse and report concerns under the safeguarding procedure. One care worker said, "I have had training and know if I saw any signs of abuse for the service user I support I would inform my manager immediately."
- Staff were assessed on their knowledge of safeguarding and the training was provided annually; a safeguarding adults competency assessment was in place for all staff.
- The provider reported safeguarding incidents to the local authorities and CQC when required.

Assessing risk, safety monitoring and management

- There were risk assessments in place that identified potential risks to people's safety and guided staff how to keep people safe from harm.
- Care records reviewed showed risk management plans had been updated and reviewed when people's needs changed.
- People felt safe. One person said, "I feel very safe with the care staff, they take their time when supporting me."

Staffing and recruitment

- Care workers were safely recruited and were subject to pre-employment checks such as reviewing their employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough care workers deployed to support people. One relative told us, "Staff are punctual and if they are running late, they will let us know."
- Staff had adequate time to support people according to their needs. One person told us, "Staff always have enough time to help me with all my support".

Using medicines safely

- There was an up to date medicines policy in place.
- There was guidance in people's care plans instructing staff how people preferred to take their medicines. For example, if someone required full or prompted support with administration of their medicines.
- The provider carried out monthly audits on the management of medicines. This meant that the provider

could pick up on errors and concerns and address them in a timely manner.

- Staff had appropriate training and medicines competency testing to help ensure they were administering medicines safely. The medication competency testing forms were not always person centred in relation to the people supported by care staff. This was discussed with the registered manager during our initial feedback who agreed to make the necessary improvements.

Preventing and controlling infection

- People were protected from the risk of infection as the provider had systems in place to help prevent and control infection.
- Staff received training in the prevention and control of infection.
- People told us staff followed good infection control procedures. This included wearing personal protective equipment (PPE) such as gloves and masks when supporting them.

Learning lessons when things go wrong

- The provider had a system in place to learn lessons when things went wrong.
- At the time of our inspection there had been no incidents in the last six months. However, the staff have regular team meetings and discussed support needs for people. We saw evidence on team meeting minutes of support discussions.

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 good. The rating for this key question has remained 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's needs were assessed prior to them receiving a service, their relatives were also involved where appropriate.
- People told us they received care when needed and in line with their needs and preferences. One person said, "Staff know I like to be independent and make sure I keep my skills going."
- Care staff followed the provider's guidance to ensure they supported people in line with best practice.

Staff support: induction, training, skills and experience

- People received a service from care staff who were supported to undertake their roles. Comments included, "The staff are well trained and are happy and don't feel rushed." "They do everything I need them to do when they are here."
- Care workers completed the Care Certificate on their induction. 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.
- Records confirmed that care workers received regular supervision meetings and yearly appraisals.

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

- People who required support to eat and drink received the support they needed.
- Care plans included information about people's dietary needs and indicated the person's preferences for food and drink.

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

- People's healthcare needs had been assessed and planned for. This meant that staff were able to understand and meet these needs.
- People and their relatives told us staff had advised them to contact their GPs when they identified potential health issues. One staff member said, "If I had any concerns, I would get advice from my manager and speak to the service user with the advice."
- People and their relatives said they were confident staff would contact their GP on their behalf. The registered manager told us about how they had spoken with the local authority when they believed more support was needed for some people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- People and their relatives told us care workers offered choices and obtained their consent before providing care.
- The provider had not always obtained signed records to show people had consented to their care and treatment. We discussed this with the registered manager who agreed to obtain these records. We found in 3 instances people's consent to care had not been obtained in line with the principles of the MCA. The registered managers told us they would address this issue.

We recommend the provider follows guidance on Mental capacity Act.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported and treated well. People and their relatives told us this and said they were happy with the care staff and the agency. The provider had quality monitoring systems in place and gathered feedback to reflect this.
- Some of the comments included, "They are like an extended family to my relative they are very kind and caring." and "The care staff go beyond of what is asked for me, I feel very well supported."
- There was an up to date equality and diversity policy in place and care staff had the appropriate training in this area.

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

- People were able to make decisions about their care. Care plans described people's likes and dislikes and the way they wanted to be supported to maintain their independence as much as possible.
- People and their relatives were encouraged to provide feedback to the service about the care they received. The registered manager called people on a regular basis to receive feedback. The feedback we saw during the inspection was positive.
- People and their relatives told us care staff offered choices and respected what people wanted.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People and their relatives told us care was provided in an appropriate way and care staff were respectful. One relative said, "Care staff always ensure [person's] independence is maintained and their dignity closing doors and curtains if they want."
- People were supported to be independent and care plans recorded what they could do for themselves, for example, with their mobility.
- Care staff told us "I always ensure people's choices and dignity are upheld, I ensure doors are closed curtains closed and they maintain their independence as this is really important for them."

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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us they received their care visits at the times they wanted and from staff they knew. One person said, "I have the same regular staff, if there are any changes the staff member introduces me to the new staff member."
- Staff were directed by what people wanted them to do.
- Staff told us they had time to read care plans, and these helped them to deliver the care people needed.
- The registered manager and care coordinators checked that people were satisfied with the support they received during visits and phone 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.

- People's communication needs were assessed at their initial assessment and each person had an "about me" plan to set out their communication needs, likes and dislikes.
- Staff were guided how to communicate with the people they supported.
- One relative told us, "Staff always speak in a nice way to [my relative] and explain what they are doing."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with others who were important to them.
- People told us they were supported to take part in activities outside of the home that they wanted to, for example shopping.

Improving care quality in response to complaints or concerns

- People knew how to report concerns and felt assured that the registered manager would deal with concerns in a timely manner.
- There was an up to date complaints procedure in place which explained the process for reporting a complaint.
- The registered manager sought feedback from people and their relatives on a regular basis.

- The registered manager sent out surveys, phoned people and conducted spot checks on the care staff.

End of life care and support

- The agency was not providing end of life support at the time of our inspection. However, staff undertook training about end of life care.

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 good. The rating for this key question has remained 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

- The provider had ensured that there were systems in place to monitor and assess the care provided. They sought feedback from people supported and their relatives.
- The responses received from people and their relatives were positive. These included, "The manager checks in in how [person] support to see how its working, we have no concerns at all."
- Staff received equality and diversity training.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour. They had notified CQC and other relevant agencies when things went wrong.
- The registered managers had worked with professionals when people needed this to happen.

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

- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of the service they managed and how to meet legal requirements and good practice.
- Staff were positive about working with the agency, they told us they were supported by the registered manager. Staff told us, "[Name of registered manager] is very good and always there when needed."
- The care staff had the skills knowledge and training to carry out their roles and had a clear understanding of people's needs.
- The registered manager had processes to monitor the quality of services provided and make improvements as required.

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

- The provider considered equality characteristics. For example, care plans covered issues related to equality and diversity.
- The provider engaged with people using the service and their relatives in a variety of ways for example yearly surveys, telephone monitoring and visits to people's homes. This gave people and their relatives an opportunity to discuss matters of importance to them.

- Regular staff meetings were held this helped staff in their roles and gave them the opportunity to engage with the managers and team.
- The provider held weekly workshops for staff to discuss a topic relating to support people were receiving. The most recent one was around diabetes, staff felt these were very helpful for them in their role.

Continuous learning and improving care

- The registered manager had created a culture of continuous learning and improvements.
- Regular team meetings were in place and care staff had up to date training.
- The registered manager kept up to date by looking at websites related to health and social care.
- The registered manager was open to our findings and feedback during the inspection. People and staff felt confident to raise issues if there was a need to.

Working in partnership with others

- The registered manager worked in partnership with other health and social care professionals to ensure people's needs were assessed and met.
- The registered manager was involved in local authority managers meetings, which aimed to keep managers up to date with developments in the sector and to help improve care services in the local area.