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J & J Home Care - 15 Paddock Court

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

Overall summary

The inspection of J & J Homecare took place on 21 July 2015 and was announced. At the previous inspection on 27 August 2013 the regulations assessed were all complied with.

J & J Homecare is registered to provide domiciliary care services to people in their own homes and to people that may have memory impairment, disability or medical conditions. At the time of our visit there were 30 people receiving a service from the provider.

There was a Registered Manager in post who was also the registered provider. This person will be referred to throughout the report as the registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Summary of findings

We found that people were protected from the risks of harm or abuse because staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. Risks had been assessed in peoples homes with controls in place to reduce the likelihood of occurrence.

We found that there were sufficient numbers of staff to meet the needs of people using the service at this inspection.

Staff had been employed following the service's recruitment and selection policies.

Medicines were administered safely by trained staff.

Staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff supervision.

People were protected by the use of legislation that upheld their rights and their consent to care and treatment was obtained before the staff supported them with this.

We found that people were supported with adequate nutrition and their health care was monitored.

We found that people that used the service were treated kindly by staff with whom they had good relationships.

We found that people's privacy and dignity was upheld and their overall wellbeing was considered and addressed by staff that understood their needs and wishes.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. People who used the service received additional care and treatment from health care professionals based in the community.

There had been no formal complaints made to the service during the previous twelve months but there were systems in place to manage complaints if they were received.

Staff told us that the service was well led. We found that people that used the service experienced an open, transparent and accountable management style that ensured they were kept informed about things that affected them. However, although the registered manager had processes in place to enable people who used the service to voice their opinions and views of the service, these processes were not evaluated or actioned.

Summary of findings

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

People were safe because risk assessments were in place to mitigate risk and staffing was in sufficient numbers to meet people's needs during this inspection.

Recruitment procedures were in place to check staff skills, experience and good character before they started working for the service.

Management of medicines were suitably handled and staff had undertaken training to administer medicines safely.

Good

Is the service effective?
The service was effective.

Staff received relevant training and supervision to enable them to feel confident in providing effective care for people. However, staff would benefit from training in Mental Capacity Act 2005 to improve their knowledge.

Staff training was up to date.

People were supported with adequate nutrition and their health care was monitored.

Good

Is the service caring?
The service was caring.

People's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

People were supported by kind and attentive staff.

Good

Is the service responsive?
The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs.

People were able to make choices and decisions about aspects of their lives. People had been involved in planning their care.

Good

Is the service well-led?
The service was well led, but some aspects require further improvement.

Requires improvement

Summary of findings

The registered manager made themselves available to people and staff. People who used the service said they could chat to the registered manager and staff said the registered manager was approachable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

People were able to make suggestions about the service they received. However, there was no evidence of evaluation or action from this

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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 21 July 2015 and was announced. The registered manager was given 24 hours notice because the location provides care in peoples own homes and we needed to be sure that someone would be available in the main office. At the time of the inspection the service was caring for 30 people .

The inspection was carried out by two Adult Social Care (ASC) Inspectors with the Care Quality Commission (CQC).

Before the inspection we reviewed the information we already held about the service, this included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We requested a 'provider information return' (PIR) which 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. We did not receive this PIR from the provider. We later found that the PIR request had not been received by the registered manager and so they were unable to return it to us.

We reviewed information we had received from East Riding of Yorkshire Council (ERYC). They told us they did not have any serious concerns with the service at the time of this inspection. We used the information that they provided us with and all of the information we already held on the service to inform the planning of this inspection.

During the inspection we spoke privately with three people that used the service and one relative, the registered manager, one staff member and a further two staff members via the telephone. We looked at two care files for people who used the service, three staff recruitment and training files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

We spoke with three people who used the service. We asked them if they felt safe and they told us that they did. One person said, "They take care of me all the time" and another told us, "I feel very comfortable with the staff."

There had been no safeguarding referrals made by the service since our last inspection. Through discussion the registered manager was able to demonstrate a good understanding about reporting and notifying safeguarding allegations and told us that staff had received safeguarding training through the local authority and through on line learning.

We looked at the policies in place to provide staff with information about how to recognise any signs of potential abuse and how to respond in these situations. Staff had access to an employee handbook at the start of employment with a comprehensive guide to policies including safeguarding adults.

Training records evidenced showed that staff had undertaken safeguarding adults training in 2014 and 2015, and staff we spoke with confirmed this. They were able to describe different types of abuse and what action they would take if they became aware of an allegation or observed an incident of abuse. Staff told us, "I have done a safeguarding alert in the past, I would speak to my manager and report to the local safeguarding team."

Disciplinary records showed a concern had been responded to immediately. We saw a discussion had taken place and records had been kept throughout. Staff told us, "I can go to the manager at anytime with anything." All the staff we spoke with said they thought any concerns raised with their registered manager would be taken seriously. This meant people were safe and protected from the risk of abuse or harm.

No accidents and incidents had been recorded. However, we saw one persons care plan in their home had recorded a fall which was evidenced in the falls monitoring paperwork. The person's family had been informed and when we spoke with the person they confirmed this had occurred.

Where people's safety was at risk, assessments were in place for slips, trips and falls and environments. These described the actions to take to reduce the possibility of harm occurring. For example, risk assessments for moving and handling equipment included visual checks to be carried out daily and this was confirmed in discussions with staff. One staff member told us, "I always check there is no fraying on the stitching of the slings and make sure the person is happy to proceed." Records showed there were environmental risk assessments for staff providing care to people in their homes. Records showed these risk assessment were reviewed regularly. This meant staff and people were protected from the risks of harm.

We found staffing levels were appropriate to meet the needs of people that used the service at the time of this inspection. The registered manager determined the required staffing levels having assessed people's needs from the assessments completed and provided by ERYC. Numbers of visits were agreed and the registered manager recruited accordingly in order to ensure the service could meet people's needs as agreed in their contracts of care. People confirmed that they usually received their support on time and a staff member or the registered manager always turned up to assist them. Where people required hoisting there were usually two staff to carry this out, with the exception of those people that used a 'stand aid' hoist, which we were told by the registered manager only required one staff to assist with. We discussed this with the registered manager and saw evidence that confirmed this to be the case. One person had a risk assessment completed by an Occupational Therapist (OT) that clearly stated how many staff were need for each movement in the 'stand aid' hoist.

Everyone we spoke with told us they had their needs well met and so there were sufficient staff employed to meet the needs of people that used the service.

We looked at three staff recruitment files. Robust recruitment procedures had been followed. Candidates had completed application forms, had been issued with employment contracts and checks had been undertaken through the Disclosure and Barring Service (DBS) to ensure that staff were suitable to work with vulnerable people. The DBS check information, once received, records if potential employees have a criminal conviction which tells registered managers they are unsuitable to work with vulnerable people and helps employers make safer recruitment decisions. References had been sought from previous employers to confirm staff were of good character and had

Good

Is the service safe?

the necessary experience to carry out their role. These checks ensured that people who used the service were protected from the risk of receiving support from staff that were unsuitable.

Processes were in place so that medicines were administered appropriately. The registered manager is a trained registered nurse and had knowledge of the National Institute for Health and Care Excellence (NICE) guidelines. All staff that administered medication had undertaken appropriate training in the safe handling of medicines. Staff understanding and skills were assessed through competency checks and observations completed intermittently by the manager. We looked at one person's medicine administration record and saw this had been fully completed. Some people we spoke with managed their own medicines. One person told us, "I ring the chemist and they deliver for me. I do it myself."

Good

Is the service effective?

Our findings

People we spoke with expressed positive views about staff knowledge and skills to meet their needs. One person said, "They are all trained in lifting and handling and the manager does come and check they do this correctly," and, "Staff always tell me they are going on training." Another person told us, "All the staff say they go to meetings and do training."

We looked at training files for three staff to check whether they had undertaken training on subjects that would give them the skills and knowledge they needed to care for people who used the service. We saw that staff had attended a range of training. Staff told us they completed essential training such as, safeguarding, moving and handling, medicines, food safety, infection control and health and safety.

Records showed, and staff discussions confirmed that staff met with the registered manager for supervisions both formal and informal. Supervision sessions included discussion around people's needs and the service, any observations the registered manager had made and how the staff were feeling. One person told us, "I have official supervisions, but anytime I want to talk the manager is on the end of a phone."

The registered manager told us that all newly appointed staff were enrolled on the Care Certificate (formerly Common Induction Standards) and all existing staff were completing training every week using the Care Certificate workbooks as a learning tool to refresh staff knowledge. We saw from documentation held that two newly recruited staff had commenced working on the Care Certificate.

All new care staff spent time shadowing an experienced care worker as part of their induction training and one staff member told us, "I spent a whole week going and meeting people before I started making my calls." The registered manager told us staff could be shadowing for up to six weeks until they felt competent. We were able to confirm this when we checked staff records. This meant the staff were competent and skilled in providing support and care to people.

The registered manager was aware of the principles the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. The service had not completed any meeting in a person's best interest because this had not been necessary. A best interest meeting may be needed where an adult lacks mental capacity to make significant decisions for themselves and needs others to make those decisions on their behalf. The registered manager gave an example of a concern that had been acted upon and we were told "I raised a concern about one person with the local authority and a best interest meeting is to be held."

Staff were aware of some of the principles of MCA and gave examples of how consent was gained from people. One staff member told us, "I always ask the person what they would like to eat and how they would like it cooked, I am always talking to the person and asking how they would like things to be done."

The registered manager told us attempts were being made to secure training in the subject of MCA.

People were supported to eat and drink and where required nutritional needs had been assessed. We saw in one person's records that risks had been assessed when supporting with eating and guidelines were in place about how they should be supported. One person told us, "Some days I do my own meals but on certain days the staff cook me my breakfast after I have had a shower." Staff had undertaken food hygiene and safety training. We saw that people were capable of choosing their meals and staff undertook basic cooking on occasions. This meant that people's nutrition and hydration needs were being met.

People had their health care needs documented in their care records. Information included details of any referrals, prescribed medication, occupational therapy and district nurse visits and how best to assist people to meet their health care needs. People were support with attending health care appointments and advice was offered regarding contacting a GP or district nurse if people were unsure about health issues.

Good

Is the service caring?

Our findings

All of the people we spoke with said they were well cared for. Comments included, “Yes I am comfortable with the staff,” “They (staff) are all very caring and work hard,” and “They (staff) take care of me all the time.”

There were 30 people who used the service at the time of this inspection. We visited three people and one relative. We were told staff displayed kindness and respect to people, one person told us, “I have had staff come for quite a while now, they are my friends and they talk to me as family.” Another person told us, “They don’t interfere, they are very good.”

A relative we spoke with told us they were very satisfied with the support their spouse received. They said, “My spouse has been receiving support from J & J for a few months now and the staff have all learned how best to approach (name). Staff are kind and considerate and understand what (name) wants when they make gestures or communicate. I usually provide the personal care and staff provide social support. Staff often take (name) out to give me a break. (Name) is always happy to go and enjoys the activity. I know (name) feels comfortable with staff because they come back in a pleasant mood.”

In discussions, staff had a good understanding of how to promote privacy and dignity. One person said, “I always make sure bathroom doors are closed, the shower curtain is across and I let others in the house know the bathroom is in use,” and another told us “I help one person into their dressing gown and then into the bath, if they are safe to leave I do so, if I am not able to leave them I would protect their dignity by the use of towels and flannels.” This was confirmed by one person who used the service, they told us, “Staff stand in the bathroom behind the curtain, yes, dignified support is given to me, it is well done.”

People were included in planning the care and support they received. One person told us, “ My care plan is in the blue book, I helped to put it together with the manager” and another person told us “When I first started receiving the service, three of us, me, my daughter and the manager completed my care plan together.”

Examples of good care that people received were discussed. One person told us, “When the manager employs new staff she always asks if they can come and meet me first,” and another said “With the procedures the staff do with me I spend as little time in the hoist as I need to.”

We found from speaking with people that used the service, a relative and the staff, that the ethos of J & J Home Care was one of consideration for and inclusion of people, based on respecting their choice, preference and self-determination. We found that people were encouraged to make their own decisions about care and their daily lives, by staff that were expected to promote this at all times. The impetus for this came from the registered manager who led by example and who always took people’s wishes into consideration as the starting point of any provision of the service supplied to them. This meant people received effective care and support.

The registered manager gave clear instructions to staff on what was expected of them and this was done at the recruitment stage, in one-to-one supervisions, staff meetings and observation of their practice. The staff had written policies and procedures to follow on privacy, dignity, independence, advocacy, confidentiality, equality and diversity and end of life care that firmly put people that used the service at the centre of their care. Other policies, for example, on nutrition, infection control, food hygiene, management of medicines, safe environments and safe practice were also in place to ensure staff carried out care and support with people at the centre of their care and to the best possible standards. The registered manager checked staff performance against these standards and coached staff in improving their performance if the registered manager felt this was not acceptable.

The registered manager told us they also used team building events and small workshop training sessions to encourage staff discussion and reflection about care and support so that as a team staff could promote good practice and build on the ethos of consideration and inclusion.

Good

Is the service responsive?

Our findings

The service was responsive. A relative told us, "I am quite happy with the service and this has been reviewed twice." A person who used the service told us, "Two weeks ago I needed some extra help as I was having difficulties, they got me some more support in a morning for two to three weeks. They are responsive to my needs and if I need anything they will be there, that's comforting to know."

We consulted with East Riding of Yorkshire Council. They said, " We had no concerns regarding the quality or level of care being provided to individual service users," and "we found the organisation to be very person centred and from reading the service user satisfaction surveys all individuals were happy with the level of care and attention the staff provided."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. One person told us, "One person I support can get upset, I always talk about what we are doing beforehand to encourage calmness."

The service responded suitably to people's needs for care and support and this was reflected in care records. We looked at two peoples care records which included support plans, reviews, contracts from supporting agencies, risk assessments and any referrals. Peoples care needs and plans were reviewed on a regular basis.

In addition to formal reviews people told us the service was very responsive to any changes. One person told us, "They are first class, I am able to approach them if my family can't come to hospital appointments with me and the manager or a staff member will come with me."

The people we spoke with told us care was delivered by a regular team of staff or an individual staff member. They knew who would be attending all of their visits and were informed if their scheduled staff member had to be changed. We were told the service was reliable and that staff arrived on time. One person said, "(Staff member) is usually always on time, sometimes maybe ten minutes late but that is because (Staff member) is on bike, I don't mind that," and another told us "I'm perfectly happy, I have four visits per day and the staff spend half an hour each time with me."

People were able to contribute their views and opinions of the service through the completion of satisfaction questionnaires. One person told us, "Yes, we are asked to complete a survey but I choose not to do them". Satisfaction surveys are sent out every twelve months with the last ones having been given out to people and their relatives in September 2014. While no evaluation of any responses was seen, the registered manager stated that phone calls were made directly to people to discuss any issues raised from the surveys

No one we spoke with told us they had made a formal complaint to the service. One person told us, "I would go to the manager first," and "My daughter keeps an eye on everything and we have no complaints." Another person told us, "I've talked to the manager once or twice in the past but nothing serious, quite simply the manager spoke to staff and resolved it for me."

Requires improvement

Is the service well-led?

Our findings

The registered manager was registered with the Care Quality Commission to provide the 'regulated activity' of 'personal care'. The registered manager was in attendance during our inspection and assisted us with our enquiries.

People and their relatives were positive in their feedback about the registered manager. One person told us, "The manager is first class," another told us "The manager is very approachable you can phone her at any time."

Staff told us they felt the culture of the service was extremely caring and the people that used the service always came first. One person told us, "I have worked for big companies and the manager here is extremely caring, you can call on her anytime. I get very good support from the manager and I even text her every day after work to let her know I am home." Another told us, "I will ring the manager about work and we end up talking about all sorts," and "There is a good culture with different people from different backgrounds and various ages."

During our inspection we viewed a range of care and management related records. These were completed to a good standard. All records were stored appropriately. Care records covered a range of areas, for example, basic care, hygiene, continence, mobility, nutrition and medication. While records were well maintained we saw that one person's fall had been recorded in their care file, but not in the records held at the service office. This would have corroborated that the registered manager was aware of the fall.

We had requested a 'provider information return' (PIR) from the service in April 2015 and did not receive any information. We discussed this with the registered manager who told us they had not been aware that the PIR had been requested. We later found that the PIR request had not been received by the registered manager and so they were unable to return it to us.

We saw there was an employee handbook available to staff which gave comprehensive information on policies and procedures, staff roles and what the service expected from them.

People were able to contribute their views and opinions of the service through the completion of satisfaction questionnaires. One person told us, "Yes, we have a survey."

Satisfaction surveys are sent out every twelve months. Although the registered manager had processes in place to enable people who used the service to voice their opinions and views of the service, these processes were not evaluated or actioned. **We recommend the provider ensures information obtained from people in surveys is analysed to identify shortfalls in service provision and an action plan is produced to show how and when these shortfalls will be improved upon.** We spoke with three people using the service at the time of the inspection and two could recall completing the survey. One person could not remember if they had been asked to complete a survey. They told us, "I am not asked my views but staff have been coming here for so long they know I am satisfied." The person had capacity to make daily decisions and confirmed they were asked verbally.

The registered manager told us they carried out regular visits to people that used the service to observe how staff interacted with them and to ask people directly if they were satisfied with the care and support they received. There was evidence of this in staff files which contained written accounts of the staff observation and an account in people's files to show they had been asked if anything about the service required improvement. Because the service was small this meant that the registered provider had close and first-hand contact with people that used the service and was directly involved in responding to people's concerns or views. This meant they were able to closely monitor how well the service supported people and to directly influence changes required to resolve problems or issues. It meant the registered provider was able to provide a 'personal touch' when responding to people's changing needs and to lead staff practice by example in respect of upholding people's rights.

We were not given any written evidence of the visions and values of the service, but we found that there were acknowledged values followed by the staff as expected of them by the registered manager. These included honesty, integrity, a willingness to do what is right for people, providing a high standard of care and support and building a reputation that is credible and a service of provision that is sought after. The registered manager told us they regularly met up in an informal setting with staff members and had coffee and discussions about the service and how they were expected to behave to uphold the values. Staff we spoke with confirmed this.

Requires improvement

Is the service well-led?

Discussion with staff, the registered manager and people who used the service indicated that the service was open, transparent and friendly. People who spoke with us were confident that any issues they raised would be listened to and acted upon. Staff said that they felt well supported and could discuss any issues at any time with the registered manager.

We found that the service worked well in partnership with the local authority and health care services. For example, the registered manager informed us that although the service did not have a contractual service agreement with ERYC and mainly provided care to privately paying people, it did receive isolated requests to provide care and support to people that ERYC funded. This was often arranged at short notice. Another example was that as well as assisting people to request a GP or District Nurse home visit, or to order medication via the chemist the service also supported people by accompanying them to hospital appointments or collecting any medicines for them.

We saw that there had been no change to the registration conditions in the last four years when the name of the legal entity had been amended. The company was re-registered in the name of a sole provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.