

Just Call 4 Care Services Limited

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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

Our inspection of Just Call 4 Care took place on 24 May 2018 and was announced. We gave 48 hours' notice of the inspection was given because the manager may be out of the office undertaking assessments or providing or reviewing care in people's homes. We needed to be sure that they would be available when the inspection took place.

Just Call 4 Care is a domiciliary care agency that provides a range of support to adults living in their own homes. At the time of our inspection, the service provided care and support to 110 people.

The service has a 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.

People who used the service spoke positively about the care that was provided to them. Staff members also spoke with kindness about the people who they supported. People were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. Staff members demonstrated that they understood how to safeguard the people. Safeguarding training and information was provided to staff.

The service had developed personalised assessments of risks to people. These assessments included guidance for care staff on how to manage identified risks and minimise the likelihood of harm. Arrangements were in place to ensure that people's medicines were given safely. Staff members had received training in safe administration of medicines.

Staff recruitment processes were in place to ensure that workers employed by the service were suitable for the work they were undertaking. The provider had checked staff references and criminal records prior to their appointment.

Staffing rotas met the current support needs of people. There was a system for ensuring that care calls were managed and monitored. Staff and people who used the service had access to management support outside of office hours.

Staff members received training and support to ensure that they had the skills and knowledge they required to undertake their roles well. Staff members received regular supervision sessions with a manager. The service was meeting the requirements of the Mental Capacity Act. Information about people's capacity to make decisions was included in their care plans. People were asked for their consent to any care or support that was provided. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us that staff were caring and respectful. People who used the service and staff members spoke positively about its management. They knew what to do if they had a concern or complaint about their care.

A range of processes were in place to monitor the quality of the service such as regular audits of records and spot checks of care practice. Quality assurance processes were in place and were effective.

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.

People had personalised risk assessments, which included guidance for staff on how to manage and minimise risk.

Staff members had received training in safeguarding and demonstrated that they understood how to safeguard people.

Medicines were managed safely. Staff members had received medicines training.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed well.

Staff had the skills and support to carry out their role well.

The service liaised with other health and social care professionals to meet people's needs.

The service was meeting the requirements of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People spoke positively about the staff who supported them.

Staff members demonstrated that they understood people's care needs.

Staff spoke positively about their approaches to dignity and privacy.

The service had a focus on enabling people.

Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans which included guidance for staff.

People's views and opinions were respected.

Staff members recorded the care that they provided to people.

The service had a complaints procedure and which was followed well.

Is the service well-led?

The service was well-led.

People and staff members spoke positively about its management.

Regular quality assurance monitoring took place.

The registered manager had a clear drive to make improvements.

Good ●

Just Call 4 Care Services

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 checked 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.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit took place on 24 May 2018. The visit to the office was to speak with the registered manager and other office based staff as well as to review care records and other documents. We made telephone calls up until and including 30 May 2018. The inspection team consisted of one inspector.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of the service and Healthwatch. We also examined the information we hold in relation to the provider and the service. We used this information to plan what areas we were going to focus on during our inspection visit.

We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and four relatives who supported their family member with the management of their care. We spoke with five members of staff as well as the registered manager. We looked at aspects of six people's care records and medicines records. We looked at staff rotas, compliments, complaints and other quality checks that had been completed.

After the inspection, the provider sent us some of the information we had requested during the inspection.

Is the service safe?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question, and they were in breach of Regulation 12 in relation to medication management. At this inspection this key question was rated 'Good' and the service was meeting the requirements of the law.

One person told us how safe they felt because they felt the staff were so reliable. They said, "I rely on the carers to give me my medication, to get me washed and dressed, as well as prepare my meals. They do this like clockwork. They have never let me down." We spoke with a relative of another person who used the service, they told us, "Two carers move [my relative] on every visit by using a hoist. It is done very professionally and at a pace that suits them." Another relative said, "The carers do not rush anything. They are very safe in the way they wash and dress [my relative.]" Everyone we spoke with said they felt safe with the staff that supported them.

All the staff we spoke with had a good understanding about how to protect people from the risk of abuse. Staff were also aware of other agencies they could share their concerns of abuse with to safeguard people from the risk of further harm. The service had an up-to-date safeguarding policy and procedure. The staff members that we spoke with were able to demonstrate that they understood the principles of safeguarding and the potential signs of abuse. Staff told us that they felt people were safe and were clear that senior staff would manage any concerns well. One staff member said, "The office would deal with safeguarding's." We looked in detail with the registered manager and discussed how they had supported both people and staff when allegations had been made. We found that the registered manager had a good understanding of, and had demonstrated, their responsibilities in this area.

The recruitment records that we saw included copies of identification documents, evidence of eligibility to work in the UK and criminal record checks (DBS) undertaken by the provider. Application forms were in place and there were also records of pre-employment interviews. The registered manager also gave us information relating to when all the staff would have the DBS checks refreshed.

The risk assessments that were in place for people who used the service were up to date. One person told us, "The care team did a thorough risk assessment and everyone knows what I can safely do for myself. My two regular carers are brilliant. Risk assessments we saw included moving and handling, medication administration, diabetes, pressure area care, falls and behaviour. These assessments included risk management plans which provided guidance for staff members on how to respond to and address any risk that occurred. We saw that these had been reviewed and updated regularly, or where there were changes in people's needs.

At our previous inspection, we found that medicines were not being administered safely. We noted the significant improvement in this area the service had achieved since then, and found that there was a clear understanding in place in relation to safety around medicines, except in relation to 'as required' or PRN medicines. Further work was required in the area of 'as required' medications. We saw the service had a

policy and procedure for administration of medicines.

People received their medicines safely. The care plans showed that some people received support from staff members to take their medicines and we noted that staff had received training to assist them in doing so safely. Staff members also had their competency in this area regularly assessed by senior colleagues, staff told us they found these checks useful. Staff told us that they felt confident to administer medication and knew what to do if any medication was missed or given in error. We looked at completed medicines administration records, and saw that they were regularly audited by the service. Where people had not taken their medicines this was recorded and information about the reasons why was attached to the record. All medicines were recorded in this manner including any occasional medication such as antibiotics or skin creams. People told us they were happy with how they were supported with medication.

There were sufficient staff members available to support the people who used the service. People and family members told us that they usually received support from the same regular care staff and that if there was a change or the carer was running late they were informed of this. We saw from the service's rotas that sufficient time was provided for staff members to travel between care calls. Staff told us that calls were not 'crammed' and that they were given sufficient time to travel from one person to another.

The service maintained a 24 hour on-call service. Staff members and people who used the service and their family members told us that they were aware of this and would use it if they had any concerns outside of office hours.

All staff had received training on infection control procedures and were provided with disposable gloves, aprons and anti-bacterial gel, along with information regarding safe disposal of these and other relevant waste. We saw that stocks of these were held at the office. During our inspection, staff members came to the office to collect fresh supplies. The staff members that we spoke with confirmed that they were aware of procedures in relation to control of infection, and never ran out of the equipment they needed to perform their roles safely.

All information relating to any accidents or incidents was recorded with details of the person, details of the incident or accident that had taken place, the actions taken, any investigative action taken and any lessons that were learnt. The registered manager reviewed all accidents and incidents. The registered manager told us that at the moment there were very few accidents that needed to be recorded but that all would be used to look for trends and patterns in order to implement improvements to prevent re-occurrences where possible. This showed that the registered manager had processes in place to make improvements based on learning from when things went wrong.

Is the service effective?

Our findings

At our last inspection of this service, this key area was rated as 'Requires Improvement'. At this inspection, we found this service had improved and is now rated as 'Good'.

People who used the service, and their relatives, felt that it effectively delivered good quality care. One person said, "Carers never leave without asking if there is anything else that needs to be done." One relative said, "Because the carers are always on time my wife gets her tablets properly and it is all recorded in the blue folder. Even new carers know exactly what to do because it is explained to them." Everyone we spoke with confirmed that they would recommend the service to their friends and family.

Staff members told us they had received regular supervision from a manager. The supervision programme included spot checks of care practice in people's homes. One person said, "[The registered manager] does spot checks to keep our staff on the ball. The team are all very friendly and are very accommodating." The staff members that we spoke with told us that they did not have to wait for a supervision to speak with a manager about any concerns. One staff member said, "We have supervision about six times a year, it's really helpful."

Staff members received induction training prior to commencing work with people. This followed the requirements of the Care Certificate for workers in health and social care services. The induction included training in core competencies and sessions of shadowing more experienced staff members on care visits. Staff members had individual training plans and these showed that arrangements were in place to ensure that additional training, in, for example, diabetes, dementia awareness, pressure area care and the provisions of the Mental Capacity Act 2005. The registered manager told us that the service provided opportunities for staff to achieve qualifications in health and social care, and we saw evidence that this process was well underway. There was a clear process at the service of the training pathway for each member of staff and staff confirmed with us that they felt well supported to carry out their role.

Some people needed to have support to prepare their meals and drinks. One relative told us, "The carers are brilliant. They listen very carefully to my [relatives] requests. She's very fussy with what she eats but they do their very best to prepare what she wants." We saw that care plans for people who were being supported with eating and drinking provided information about food preferences and when people should be supported. Staff members had received training in nutrition and hydration and food hygiene. One person told us, "Before leaving the carers ensure that I have a drink to hand." We found that staff supported people well with their food and drink needs and preferences.

Some people were supported by their relatives to access health services. For some people however this support was given by the service. When this support was needed it was clearly documented. Staff we spoke with and records we saw showed that the service had regular contact with other agencies as required by the needs of the person. This included hospitals and community health professionals. Care plans contained information about people's health needs and how these should be supported by staff, along with contact information for health professionals. For example, one person told us how well the staff work with their

speech therapist to support the person to communicate more clearly. Where staff had made contact with professionals, such as the person's GP or community nurse, this was recorded in their care notes.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The care plans for people who used the service showed whether or not they had capacity to make decisions, and provided guidance for staff about how they should support decision making in day-to-day care. We saw that the service used appropriate capacity assessments where needed and had held some Best Interest meetings if required. The registered manager told us that they did not have anyone currently using their service who required to have an application made for them to The Court of Protection. Staff confirmed that they had received training in relation to this area. We found that the service had an overview of the Mental Capacity Act and were working towards improving their detailed knowledge of this area.

Is the service caring?

Our findings

At our last inspection of this service, this key area was rated as 'Good'. At this inspection, we found this service retained its rating of 'Good'.

People told us that they considered that the service was caring. One person said, "We get on like a house on fire, [my carer] is superb, she is 100%." Another person said, "The carers treat me with genuine concern, it's more than a job to them. I am so grateful for their kindness. One other person told us, "Carers will occasionally do small errands for me." A relative said, "They wash and change [my relative] very carefully. All the time they are chatting and show no signs of embarrassment. They treat her with care and complete respect. They will do anything we ask of them." Everyone we spoke with praised the fact that they receive excellent continuity of care from staff they know, and who know them. All the staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful manner. A staff member said, "I feel like we are a big family."

People's care plans contained information about how staff members should support them to make choices about how their care was delivered. Plans included information about people's religious, cultural, communication and other support needs and preferences. For example, gender and culturally appropriate care was provided where this was required by the person. The registered manager told us that, where possible, care staff were provided who could meet people's specific cultural and language needs. One person who spoke a community language said, "All the carers are marvellous. We all speak Punjabi so we understand each other."

We asked people and staff about to dignity and privacy. Everyone we spoke with confirmed that staff understood how to maintain people's dignity and ensure their privacy. One person said, "My carers are very respectful. They assist when I ask them to. That protects my dignity and saves us all embarrassment." Another person said, "They are so patient, the carers get me off to a great start to the day. They are really lovely with me." A third person told us, "All the staff are really courteous." Staff members told us about how they supported people to maintain their dignity. One said, "I respect people and make sure they are private and are happy with everything I do."

The service had a strong focus to re-enable to people to become as independent as possible. One person said, "They encourage me to do as much from myself as I can but they keep a close eye on me all the time." We saw several very positive examples of where the registered manager had introduced methods of supporting people in small measured amounts that enabled them to increase their independence. In one example, a person was supported to safely re-learn how to prepare her own lunch and hot drink. This process took many weeks and skilled interventions by staff, but the result was that the person was enabled to do this independently and no longer needed carers to give support at lunch time.

People consistently told us they were involved in decisions about their care. One person explained, "The carers listen to me, When they prepare my food, they know I like tea and toast for breakfast and we discuss which microwave meal I want for lunch. At teatime I say what sandwiches I want and the carers get on and

prepare this and clear up afterwards." A relative told us, "They listen carefully to the way [my relative] wants this to be done. They are mindful of her self-respect. They look after her very well indeed."

We asked the registered manager about advocacy. They told us that people used family members to advocate on their behalf. However, should a person require an advocate, information about advocacy was maintained by the service.

Is the service responsive?

Our findings

At our last inspection of this service, this key area was rated as 'Good'. At this inspection, we found this service retained its rating of 'Good'.

People told us that they were pleased with the support provided. One person said, "I like the way the manager gives hands-on support. She steps in to make sure that I am receiving the care that has been agreed. She asks me what help I receive from other agencies such as the district nurse. This keeps her up-to-date with my medical needs, which she then passes on to her care team."

A family member described the managers as "very cooperative."

We saw that care records included assessments of people's care needs that included information from local authority care plan. Assessments contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person.

All the people we spoke with referred to their care plans and told us they had been agreed between the agency, social services and themselves. Information for staff about how people should be supported was in place. We saw that this was detailed and included guidance for staff on how best to support people according to their assessed needs and expressed preferences. For example, people's care plans provided information about the importance of speaking with them whilst providing care and included information about the topics that they were interested in. One member of staff said, "The care plans are very good, I can understand them and the office lets us know about any changes very quickly." We saw that the plans also identified the tasks that people were able to do for themselves and provided guidance for staff on supporting people to maintain independence with these. The care plans were reviewed on a regular basis. Where there had been changes in people's needs we saw that they had been updated in a timely manner, to reflect any change to the care that was provided.

We saw that people's care plans included information about people's cultural, religious and language and communication needs. We asked the registered manager about the service's approach to ensuring that such needs were addressed. They told us that the current staff team came from a range of cultures and were able to support people who communicated in languages other than English. They said that if they began to support a person whose language, cultural, social or other needs could not be supported within the current staff team, that they would make efforts to recruit staff with the required knowledge and skills.

The service was aware of the requirements of The Accessible Information Standard. The Accessible Information Standard is a law that aims to make sure people with a disability or sensory loss are given information in a manner that they can access, such as large print or pictorial information. The registered manager showed us the start that had been made within the service to meet this standard and discussed their plans to update the service paperwork, newsletters and complaints information in order to comply with the standard.

The service had a complaints procedure that was contained within the files maintained in people's homes. One person said, "I have regular chats with [the registered manager] on phone. If anybody has any concerns it is sort it out very quickly." A recent audit conducted by the service, which we saw, showed that while people were not aware of the details of the formal policy they knew the service had one. People and relatives were also confident that if they made a complaint it would be taken seriously. The people that we spoke with told us that they knew how to make a complaint directly to the office. The registered manager told us that if they received any complaints they would try to resolve them as quickly as possible in partnership with the complainant.

We looked at the complaints records and noted that there had been no complaints received by the service for one year.

At the time of our inspection no one needed support with End of Life Care. The registered manager told us of the plans they had to develop this areas as needed.

Is the service well-led?

Our findings

At our last inspection the provider was rated 'Requires Improvement' in this key question, and they were in breach of Regulation 17 in relation to good governance. At this inspection this key question was rated 'Good' and the service was meeting the requirements of the law.

During our previous inspection, we found that the service did not have a process that monitored quality or drove improvements. At this inspection we found that the registered manager had implemented a comprehensive quality assurance programme that effectively ensured the service was monitored well. We looked at the quality assurance processes that the service had put in place. The service had systems for monitoring care calls, daily records, medicines administration records, spot checks, staff training and supervision, safeguarding and complaints. The management team met regularly to discuss quality assurance issues. We found that the service had improved in this area.

The service sought the views of people on a regular basis. The documentation that we saw showed that quality assurance processes such as spot checks done in people's homes, telephone checks with people who used the service, and home visits by senior staff to ask for people's views of the service took place. People all told us that they felt they had good and regular contact with the service and the managers. One person said, "I find the whole care team really look after my welfare. I have numerous conversations with [the registered manager]. She regularly checks that I am okay." Another person told us, "The managers do regular spot checks to check that the team are supporting me in the right way." This indicated that the service checked on the quality of the care people received.

People's opinions were further sought via a telephone survey which was carried out every month. Any issues were dealt with at that time. A senior manager then looked at these results every six months to see if any trends or patterns had arisen that might alert them to some on going concerns within the service. The registered manager told us that the service had undertaken formal annual satisfaction surveys to gain staff views; we looked at these and saw that actions had been taken in a timely manner if anyone had raised an issue or concern.

Staff told us that they felt the service was well led. Comments included, "The service is managed really good." and "If there is a problem the office staff really help us , they listen to us really." and "The managers are all really great." Staff said that they felt supported and were given good guidance and support.

The registered manager worked with other agencies and organisations within the local area. They told us of their attendance at meetings and training events. We found that the organisation had good partnership working and good communication to support that.

They were aware in the past they had at times submitted notifications when they were not required under the regulations such as some deaths. The registered manager assured us they were clearer on when a notification would be necessary. We found that notifications had been submitted to us as needed.

