Follow up Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Jessie May Trust

35 Old School House, Kingswood Foundation Estate,
Britainnia Road, Kingswood, Bristol, BS15 8DB

Tel: 01179616840

Date of Publication: September 2012

We followed up on our inspection of 24 April 2012 to check that action had been taken to meet the following standard(s). We have not revisited The Jessie May Trust as part of this review because The Jessie May Trust were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

Safeguarding people who use services from abuse	✓ Met this standard

Details about this location

Registered Provider	The Jessie May Trust
Registered Manager	Mrs. Elizabeth Lewington
Overview of the service	The Jessie May Trust is a registered charity that provides respite (short term) personal care to children with life limiting illnesses in their own homes.
Type of services	Domiciliary care service Hospice services
Regulated activities	Nursing care Personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'

Summary of this follow up review

Why we carried out this review

We carried out an inspection on 24 April 2012 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited The Jessie May Trust as part of this review because The Jessie May Trust were able to demonstrate that they were meeting the standards without the need for a visit.

How we carried out this review

We reviewed all the information we have gathered about The Jessie May Trust.

The provider suppilied us with other information to evidence compliance against this outcome area.

We have not revisited The Jessie May Trust as part of this review.

What we found about the standards we followed up

In order to check if improvements had been made we spoke to the nominated individual, who is also the registered manager. They told us about the steps that had been taken. Actions taken by the provider included a review of the procedure for the use of control or restraint. The nominated individual also told us that staff had attended restraint training, that this had been undertaken to ensure staff were given the support and knowledge needed in this area. As well as regular case reviews, support for staff included hypothetical discussion during supervision sessions to check staff understanding.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard reviewed

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Systems were in place for staff and were underpinned by recording risk factors.

Reasons for our judgement

We conducted an inspection of this provider on 1 March 2012. As part of that inspection visited the service, we looked at how people were being cared for, talked to staff and talked to people who use services.

At this inspection we found that there were systems in place for ensuring that parents who act on behalf of their children understood the care and treatment the agency provided.

We also looked to see if there were enough members of staff to keep people safe and meet their health and welfare needs, we found there were sufficient numbers of staff to meet the care needs of people who used the agency. The staff working at the agency were competent and supervised to meet the personal needs of the children that use the agency.

The provider had effective systems in place to monitor the quality of personal care provided by the agency.
We saw evidence within minutes of clinical governance meetings that since our last inspection undertaken in April 2012the provider had developed a quality assurance system to obtain feedback from people who used the service. This feedback influenced the way the agency operated.

We saw at this inspection that the agency had consulted specialist children's services such as young carers, a youth involvement worker at the Bristol Children's Hospital and Rainbows.

During our last inspection conducted in April 2012 we looked at how the provider protected the people that used the service. We asked the staff to tell us about their responsibilities towards child protection. Staff were knowledgeable and told us they were aware of the indicators of abuse for example signs of bruising, neglect and changes of behaviours. When we asked staff about what actions they would take if they suspected abuse, they were able to demonstrate a sound understanding of their role and responsibility in this area and that any suspicions of abuse would be reported to the manager prior to asking questions of family members.

When we spoke to staff in April 2012 told us that there were times when certain treatment programmes had to be undertaken which the child may not want to be carried out, for example physiotherapy and personal care for children. Staff said they would take steps to divert the child but there were occasions when they would "hold" the child to change them.

In April 2012 we saw that the "Home safety checklist for Jessie May Trust visit" asked about restraint. This form prompted the member of staff to ask the parent for the agreed methods for restraint for certain procedures. However, risk assessments were not in place and staff had not attended appropriate restraint training. At that inspection we judged that improvements were required in this area and reported that there were no clear procedures for the use of control or restraint and when these measures are appropriate to be used.

In order to check if improvements had been made we spoke to the nominated individual, who is also the registered manager. They told us about the steps that had been taken. Actions taken by the provider included a review of the procedure for the use of control or restraint. The nominated individual also told us that staff had attended restraint training, that this had been undertaken to ensure staff were given the support and knowledge needed in this area. As well as regular case reviews, support for staff included hypothetical discussion during supervision sessions to check staff understanding.

Child protection supervision was held with staff on 5 September 2012 to discuss the procedure for the recording of any required clinical holding, (a form of restraint) including why the holding was needed. The provider told us that the visit report form (this is a form that recorded how people were supported at home, by staff) recorded why restraint had been used and recorded the methods of restraint as agreed with parents. These visit report forms are monitored by the provider to ensure appropriate action had been taken.

We saw minutes of a clinical governance meeting held in April 2012, care team business meetings and also an audit of the training that staff that had been completed. These documents confirmed to us that supervision support for staff had taken place and training had been booked for June 2012

We saw that this training had been provided by NHS, Universities Hospital, Bristol. Nine staff had undertaken the training during June 2012 .We saw from the course content that the training was comprehensive and covered a numbers of aspects specifically surrounding risk assessment. This training included the potential risks of clinical holding, the specific risk factors for the person (child) in receipt of the restraint The training discussed the risks of injury occurring (to staff and people using service) and the possible consequences of the clinical hold for the child.

We saw that the agency had robust guidelines for staff when assessing the need to use clinical holding. This guidance had been passed on to all the staff and discussed with them to ensure their understanding of their role and responsibility in this area.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk