

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

J & J Home Care - 15 Paddock Court

15 Paddock Court, Bridlington, YO16 6FW

Tel: 01262602837

Date of Inspection: 27 August 2013

Date of Publication:
September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Julie Blackburn
Registered Manager	Mrs. Julie Blackburn
Overview of the service	J & J Home Care - 15 Paddock Court provides domiciliary care services to people in their own homes and to people that may have memory impairment, disability or medical conditions. The provider is also the registered manager for the service and employs a small team of support workers. The service offers individual packages of care and support, which include health and personal care, assisting with social events and completing some light domestic chores.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We also visited two people that used the service.

What people told us and what we found

We completed an inspection of J & J Home Care - 15 Paddock Court, which involved a brief visit to the organisation/location address, two visits to people that used the service, a telephone call to a relative of a person that used the service and viewing some of the files and records the service maintained.

We saw evidence in documentation that people only received care and support after they had given their consent and people confirmed this was the case when we spoke with them.

We found that people were very satisfied with the care and support they or their relative received. We saw that care was provided in line with care and support plans. People said, "The girls are very good, they treat me well" and relatives said, "Staff are very good to X" and "We have confidence in the service, the provider and the staff".

We found that good standards of infection control were adhered to and staff were trained in infection control and food hygiene. People told us they had confidence in staff's ability.

We saw evidence in staff files that recruitment procedures were followed and that staff received opportunities to train and develop their skills. People told us they thought the staff were appropriately trained and skilled, as they were knowledgeable about conditions, health care and care needs.

We also saw documentary evidence that quality monitoring systems were used to effectively assess the quality of the service performance so that people received improved services whenever possible.

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 inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with people that used the service, relatives, the provider and staff about obtaining and giving consent. We saw evidence in signed care plans and documentation that people and relatives gave written consent to care plans being implemented. Relatives said, "X is always asked by the girls if they can assist them before they actually provide the care. X says yes or no and makes their wishes known if they want something else to happen. I have signed the care plan for X" and "X is unable to give consent but I do it for them. I have signed X's care plan and I do believe X has their own way of agreeing to care being given".

Staff told us they always informed people before they started to help them with meeting their needs. Staff said "Where people can tell me what to do I listen to them, where they cannot then I use the information in their care plan to guide me to what they or their relative want".

We saw people receiving support with their mobility and personal comfort and we saw that they agreed to staff assisting them.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure peoples' safety and welfare.

Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual treatment plans. There were arrangements in place to deal with foreseeable emergencies.

We spoke with people that used the service, relatives, the manager and staff about meeting peoples' care needs and ensuring their welfare.

People and relatives told us they had full confidence in the staff supporting them with their needs. One person that used the service said, "The girls are very good, they treat me well".

Relatives said, "X would tell me if they were unhappy with any aspect of their care. The staff are knowledgeable and X and I are happy with all things. Staff are very good to X" and "We feel X's care is done well. Staff follow the care plan and they know what care X needs, when and how it should be given. We have confidence in the service, the provider and the staff. We are planning to have a holiday where X will be cared for 24 hours a day by the service. Everything has been carefully planned".

Peoples' care and treatment reflected relevant research and guidance. One relative thought that staff had obtained as much information as was available to understand their 'loved one's' condition so that they could provide the support they needed. They said the staff seemed to understand the person's needs.

We saw in care and support plans that there was information on peoples' assessed needs, the times they would require calls from the staff, what equipment was needed, how risks could be reduced: with regard to moving and handling, hoist use, falls and the environment, as well as the action staff needed to take to ensure peoples' health and social care needs were met.

We observed that staff cared for and spoke politely to people and had the skills to use equipment when they provided support. Staff exercised discretion and maintained peoples' dignity. We saw staff using a ceiling tracking hoist to assist a person from their

lounge to the bathroom and their relative praised their patience and careful handling. We observed staff gently wiping the face of a person to maintain their dignity. We were assured by the staff attitude to caring and ensuring people were treated well.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. Staff ensured people were cared for in a clean, hygienic environment.

Reasons for our judgement

People were protected from the risk of infection because appropriate guidance had been followed and staff assisted in ensuring peoples' environments were clean and hygienic.

We spoke with people that used the service, relatives, the provider and staff about maintaining good standards of hygiene. We also looked at documentation that told us staff had completed infection control and food hygiene training. We saw from certificates in staff files that staff training in these areas was up-to-date.

People and relatives told us they thought the staff followed good hygiene standards regarding personal care. They said, "The staff use gloves and aprons when helping with personal care and always wash their hands before they do so". People said they had no concerns about how food was prepared and given, as again staff washed their hands and followed good food hygiene practices. One relative explained that they prepared the food for themselves and the person that received the service, so staff did not have to assist in this.

The provider told us that personal protective equipment was provided and stocks were left in peoples' homes for staff to use. We saw some of this when we visited people that used the service. Staff told us they had completed infection control training and had procedures and guidelines to follow. For example there were guidelines on hand washing, handling body fluid spills, handling clinical waste products and avoiding food poisoning. We saw staff had received information about health and safety, maintaining good cleaning and hygiene standards and adhering to food safety standards.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for or supported by suitably recruited, qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. There were effective recruitment and selection processes in place.

We spoke with the provider and staff about recruitment and selection and we looked at two staff files.

We were told by the provider and staff that a recruitment procedure was followed, which required staff to submit a job application form, provide references and undertake identification and security checks. One staff said, "I have worked for the service for about a year, I was recommended to the provider by a friend and I went through the recruitment process. I have terms and conditions of employment, a staff handbook with policies and procedures and a contract".

We saw their recruitment file and that of another staff member. Files contained application forms, references, Disclosure and Barring Service (DBS and formerly the Criminal Records Bureau) checks, contracts and terms and conditions of employment, details of training completed and information showing evidence that staff had received 'spot checks' by the provider as to their performance and competence. We also saw staff emergency contact details, information on how they travelled to visit service users, details of their work mobile phone numbers and copies of their work identity badges.

We saw that there was a staff handbook in place which contained policies and procedures and codes of practice relevant to the service, for example, policies on lone working, health and safety and confidentiality.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications.

We spoke with the provider and staff about support for workers and we were told that there were opportunities to complete training that was considered necessary to do the job well and safely. Staff told us which training courses they had completed and these were confirmed when we looked at two staff files containing training certificates and work sheets. We saw that staff had completed moving and handling, use of hoists, health and safety, infection control, medication administration and stroke awareness. They had also completed training in safeguarding, dental hygiene, when and when not to resuscitate, percutaneous endoscopic gastronomy (PEG) feeding and Parkinson's disease.

The provider told us they had completed many of the same courses as the staff, as well as 'train the trainer's' course for moving and handling and infection control in 2012.

People that used the service or their relatives we spoke with told us they thought the staff were skilled in providing the care and support people needed. Relatives said, "X's condition is very rare and so not many people or specialists understand it, but the staff seem to know what they should do to make sure X is comfortable and their health is maintained" and "The staff know how to assist X with personal care and nutrition". One person that used the service said, "The girls are very careful with me, they know what to do". People and relatives said they had confidence in the staff's ability.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People that used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The provider took account of complaints and comments to improve the service.

We did not speak directly with people that used the service about quality audits or questionnaires, but we spoke with the provider and looked at the results of the last satisfaction survey that had been carried out.

Quality survey questionnaires had been sent out in December 2012 to 29 people that used the service or cared for someone that used it. All 29 were returned. They showed that people were satisfied with the care and support they received. They showed us that people were pleased to retain the same support workers that understood their needs. They showed that people liked the workers that supported them and kept their personal affairs private and confidential and that workers were respectful and polite on the telephone and in person. They showed that people could approach the provider and the workers about any concerns or worries and that their cultural lifestyles and religious requirements had been met.

Other areas that had been quality checked within the quality monitoring system were workers' dress code, whether or not everyone had a support plan, if complaints had been addressed, if people that used the service wanted to change anything, had they exercised choices about the service and what was their overall satisfaction level.

The provider also used CQC 'provider compliance assessments' as a tool to check the service performance. They had been updated since last year's inspection in April 2012 and showed the service's strengths and weaknesses. The only weakness had been in staff training in 'palliative care' and 'bereavement', which had been addressed and staff completed the training.

The provider held staff meetings, audited staff medication training and updates via use of

the training workbook checklist and used their own checklist when they carried out 'spot checks' on staff at the homes of people that used the service. These checked staff performance of meeting peoples' needs and to see that staff followed peoples' care plans and risk assessments.

The provider told us they looked at complaints to assess trends and to determine that improvements had been made in service provision, but because there had been no formal complaints made, just one 'niggle' via the satisfaction survey, the provider had no information to collate for the past year.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Peoples' personal records including medical records were accurate and fit for purpose. Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept securely and could be located promptly when needed.

We spoke with the provider and looked at some of the records and documents belonging to people and the service. We saw that case files contained appropriately maintained care plans that were reviewed, signed and dated. We saw that staff recruitment records were maintained in line with regulation 21 and that records to support good management of medication, and so ensure the health and welfare of people, were accurately kept.

Similarly records for monitoring staff training were in good order. People that used the service had a copy of their care plan in their possession and when daily diary notes exceeded the file they were taken to the organisation address for filing. The provider had an office area at the organisation address where records and files were stored and locked away when necessary.

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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ 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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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