

Mr Michael James Holmes

Jane Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Jane Care is a domiciliary care service that was providing personal care to 33 people at the time of the inspection. The service operates in Ellesmere Port and surrounding areas of Cheshire.

People's experience of using this service:

Since the last inspection checks carried out on the quality and safety of the service had been improved and were now effective. Recruitment processes had improved in ensuring staff were suitable for the role.

People told us the staff team treated them with respect and ensured their dignity was promoted at all times. People received a consistent service, they told us staff always turned up when required and as much as possible the same staff team visited them. People felt safe with the staff team.

People experienced support which was effective, caring and responsive to their needs.

Staff told us they felt very much supported by the organisation and they were valued as employees. Staff also told us they were encouraged to develop their careers as carers through qualifications offered to them. Staff received appropriate training in topics appropriate to the needs of people they supported.

People had their independence promoted and were supported in a dignified manner. Care was provided in a person-centred manner.

People who were reaching the end of their life were supported in an appropriate manner. The registered provider worked closely with other agencies and family members at these times.

A complaints procedure was in place for people to follow. Although no complaints had been received there was a system in place for complaints to be recorded and responded to.

The service met characteristics of Good in all areas more information is in the full report.

Rating at last inspection: The service was rated as requires improvement at our last inspection in November 2017. This was because the process for recruiting new staff was not always robust.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had improved on the quality of care provided and has been rated good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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. We improved the rating to good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-led. We improved the rating to good.

Details are in our well-led findings below.

Good ●

Jane Care

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

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Service and service type:

Jane Care is a domiciliary care agency that provides care and support to people with personal care in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the 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 activity started on 15 February 2019 and ended on 20 February 2019. We visited the office location on 15 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service. We assessed the 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 used all this information to plan our inspection.

During the inspection.

We spoke with five people using the service to ask about their experience of care. We also spoke with the registered manager, registered provider, and seven members of staff. We looked at eight people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, recruitment and training records for eight staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met. □

Staffing and recruitment

- Since our last recruitment processes were not robust. Where disclosures had been made on Disclosure and Barring Service (DBS) checks, the registered provider had not conducted a risk assessment to show that the registered provider had considered their suitability to work with vulnerable people.
- This visit found that risk assessments had been undertaken to ensure that people's suitability to work at the service had been explored.
- Other staff recruitment files showed that staff were now recruited safely and all required pre-employment checks had been carried out before they started.
- Staffing levels were appropriate to meet the needs of people who used the service.
- People told us that staff always turned up on time to support them and that calls were never missed.
- Staff told us that there were sufficient staff to meet people's needs and that sufficient travelling time was built in to their rotas to ensure that people received support in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- Staff were provided with safeguarding training. They were clear about the types of abuse that could occur and the action they would take if concerns were disclosed to or witnessed by them.
- The registered provider had systems in place to ensure that any concerns were reported to the appropriate safeguarding authority.
- People using the service felt safe with the staff team who supported them.
- Staff were clear about the external agencies they could contact to report care concerns within the service

Assessing risk, safety monitoring and management

- Risks faced by people during their support were assessed and plans put in place to safely manage those risks.
- Arrangements were in place for staff to safely enter and leave people's homes with key personal information kept secure.
- Staff wore ID badges to reassure people who used the service that they were the correct representatives of the service.
- A recent period of bad weather had been experienced in the area. The registered provider had implemented a bad weather policy in order to ensure that support to people was not adversely affected.

Using medicines safely

- Medication was managed safely.
- Medication records were in place for all prescribed medicines and they were completed when medicines had been administered.
- Staff had attended medicines training and they underwent regular checks to make sure they were competent to manage medicines safely.
- People told us they received their medication when needed and that this was never missed.

Preventing and controlling infection

- Staff had received training in infection control procedures and they following good practice to minimise the spread of infection.
- Staff had access to sufficient supplies of personal protective equipment (PPE) when needed. People told us that staff always disposable gloves and aprons when carrying out personal care tasks.
- They told us staff always ensured that hygiene standards were maintained in their homes after the preparation of meals, for example.

Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents that occurred at the service and for learning from them.
- The registered manager had overview of accidents and incidents and monitored them for themes and trends and ways to reduce further occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence
People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were completed before support commenced. These assessments were either completed by the registered provider or by local authorities with the involvement of people and relevant others such as family members.
- Assessments included all aspects of people's lives such as their health and social needs. This enabled an holistic approach to be used for people's needs.
- Consideration was made in assessments to the needs of family members ; in particular for those people who were reaching the end of their lives. Relatives commented that the support the service had given was not just centred on people but their families too. They said, "they helped us through a difficult time".

Staff support: induction, training, skills and experience

- Staff received training in topics relevant to their work and the needs of people who used the service.
- Future training had been identified and scheduling reflected the specialist health needs of people.
- People told us that they thought staff had the knowledge to support them effectively.
- Staff told us the training enabled them to support people appropriately and was varied. The visit coincided with training being provided in the mental capacity act. Staff enjoyed this training and were fully involved in discussions about all aspects of this topic.
- Staff received regular supervision and had annual appraisals to enable their care practice to be developed. Where development in staff practice was needed; this was clearly identified.
- Staff were encouraged by the registered provider to gain qualifications at National Vocational Qualification (NVQ) level. Staff told us about how they had been encouraged to start this qualification by the registered provider.
- A structured induction process was in place to prepare new staff for their role. This included the shadowing of existing staff to enable them to become familiar with people's needs.

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

- Where applicable, the service assisted in preparing meals for people. Information on people's dietary needs were outlined within their care plans.
- People were happy with the support they received from staff in promoting their nutrition. They told us that the staff always provided "Good meals" and ensured that they received enough drinks.
- When needed, records were used evidencing how the nutrition and hydration of people had been promoted by the service. All these records were up to date. These included details of the meals provided as well as the amount of fluid that people had taken through the day.
- People were happy with the support they received from staff in relation to nutrition.

Staff working with other agencies to provide consistent, effective, timely care

- The registered provider worked closely with agencies such as the local hospice to ensure that people reaching the end of their lives had their needs met. These links extended to liaison with specialist nurse such as McMillan services.
- There was evidence to demonstrate that links with health and social care services were excellent especially where people had complex or continuing health needs.
- For those people who required support in personal care, links were maintained with social workers so that people's progress could be assessed.

Adapting service, design, decoration to meet people's needs

- Where applicable suitable aids to assist people were in place within their homes.
- Equipment such as portable hoists were in place with training given to staff in their use.
- Details of the portable hoists used and the contact number of suppliers were in place in case maintenance was needed.

Supporting people to live healthier lives, access healthcare services and support

- The main health needs of people were included within care plans.
- The registered provider had details of people's GPs and other healthcare professionals involved in their health care.
- Daily records outlined the action taken by staff on occasions when people felt unwell. This included staff gaining appropriate medical assistance for people when required or prompting them to take painkillers as prescribed.

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

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People living in their homes can only be deprived of their liberty through a Court of Protection order (CoP). At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- Managers and staff had completed training in the MCA and had a good understanding of the need to gain lawful consent. Training in this area was ongoing.
- Assessments of people's capacity to make decisions were completed. No records we saw suggested that people lacked capacity.
- Consent to support people was gained from them verbally and documents such as care plans had been signed by people who used the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Discussions with staff noted that they were motivated to provide care which was personal and kind.
- People told us that the staff team had developed good relationships with them and that they trusted staff. This had extended to family members.
- The registered manager sought to ensure that the staff team supporting people were the same people as much as possible and again this was confirmed by people who used the service and their families.
- Care plans outlined the age, disability, gender, religion and sexuality of people. This extended to people's interests. The preferred terms of address of people had also been recorded.

Respecting and promoting people's privacy, dignity and independence

- People told us that they were able to be as independent as possible in their daily lives. The support they received enabled them to do this and to remain living in their own homes. The assistance people received included tasks that they could do for themselves, for example, in the managing of their medicines or the preparation of meals.
- People told us that they had their privacy respected at all times. They told us, "They [staff] are very good," "They respect my home" and "They treated [name] with respect and helped her keep their dignity."
- Staff outlined the practical ways in which they would promote people's privacy especially when supporting them with personal care.
- People's personal information was respected by the service. All confidential information was kept secure and was only accessible to those who needed to know. All staff had signed a confidentiality policy confirming their understanding of promoting privacy.

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

- The communication needs of people were clearly outlined in care plans. This included any considerations that staff needed to make in relation to people limitations in sight or hearing so that communication could be effective.
- The preferred methods of communicating with people were also outlined in care plans.
- Care plans also had a clear indication of the decisions that had been made by people who used the service to enable their support to be provided in line with their wishes.
- As a result, staff had a clear indication about how people could express their views about the support they received.
- People told us, "I am always involved in my call," "Staff always give me choices about what I want" and "I can decide when I want them to come and help me."

- The service supported people who were reaching the end of their lives. In those cases, key decisions of people and their families were respected and recorded. The registered manager was mindful of the need to ensure that people could make decisions about their support and that their wishes were recorded.
- The registered provider had details of local advocacy services that people could refer to if needed. Advocates are independent people that can assist people in making decisions.
- Spot-checks on staff performance were undertaken. These involved the permission of people who used the service and involved their feedback about the way staff had supported them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred. The individual preferences of people including their daily routines, likes and dislikes were clearly included in care plans. Care plans had been developed with the involvement of people who used the service.
- The interests and social history of people were included in care plans enabling staff to engage with people in a personalised way.
- A daily record was completed each time support had been provided. These records detailed the support people received and were used to communicate important information to other staff and relevant others. Daily records showed that people had received care and support which was responsive to their needs and they helped to assess whether the level of support provided was appropriate to people's needs.
- While the service did not directly support people with activities; the personal care provided enabled people to get on with their preferred interests and daily routines.
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards.

Improving care quality in response to complaints or concerns

- An up to date complaints procedure was in place and shared with people and relevant others. This outlined the steps people and others needed to take to make a complaint and the timescales for the investigation and responses.
- People told us that they were clear about how to raise concerns and who to speak with. They were confident that any concerns would be listened to and acted upon.
- No complaints had been received by the service since our last inspection and no complaints had been received by us.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- Training had been provided to staff and future training in end of life care was scheduled for the near future.
- Staff were knowledgeable about people's end of life wishes and preferences and they provided practical and emotional support to their family members and friends.
- People commented, "All the carers were excellent and very supportive during an extremely difficult time," "The care received by [name] and also by myself was exceptional, very, very caring and with dignity" and "We are eternally grateful for the good care and kindness shown."
- The service worked closely with other professionals to ensure that people's emotional and personal care needs were met as people reached the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was now consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us consistently that a key feature of the service was the caring and compassionate approach of managers and staff.
- People and staff, spoke positively about the service. People told us, "They [staff] are very organised" and "It [The service] is well run and very caring; I would recommend them." □
- Staff considered the registered manager and registered provider to be open, approachable, supportive and mindful of their individual needs.
- Discussions with the registered manager confirmed that they knew what person-centred care meant and had promoted it amongst the staff team. Managers and staff provided people with person centred care because they were knowledgeable about people's needs and their wishes and preferences
- The registered manager and registered provider operated an open-door policy and promoted an open culture within the service. People who used the service and staff were provided with opportunities to discuss personal matters and they were confident in doing this.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The registered manager had been in post since 2011 and had the appropriate experience and knowledge to effectively manage the service.
- The registered provider had notified CQC of incidents and events in line with legal requirements.
- The registered provider displayed the ratings (as required by law) and this had been done appropriately within the service and on the service's website.
- Following our last inspection the registered provider submitted an action plan to us which they were required to do to let us know which improvements they planned to make to the service. We evidenced on inspection that the required improvements had been made.
- A range of policies was in place to guide staff in their role. These were all up to date and had been reviewed.

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

- Staff meetings took place on a regular basis. These included formal, recorded meetings and more informal, meetings held on almost a daily basis.
- Surveys were sent out to people on a regular basis. These enabled the views of people to be gained in

relation to the service they received. No surveys received had required the registered manager to take any action.

- People who used the service were involved in the reviewing of their care plans and were able to put forward suggested changes where appropriate.
- Service user guides and policies set a clear statement against discrimination based on people's diverse needs.

Continuous learning and improving care

- The registered provider had acted upon shortcomings that we had identified in respect of recruitment at our last visit.
- There was a variety of quality checks and audits in place to monitor the quality and safety of the service people received and they were effective. • Staff practice was monitored through unannounced spot-checks so that the quality of support people received could be assessed. People who used the service were consulted about such visits and had the opportunity to comment on individual staff performance in meeting their needs. Where improvements were needed to staff approach; a plan of action was put in place.
- We evidenced that the registered provider and registered manager had made the necessary improvements so that people received a safe and effective service.

Working in partnership with others

- The service worked in partnership with other health and social care professionals and where appropriate with family and friends, to meet people's needs.
- The service worked with social workers and local authorities in order to introduce people to the service and to continually monitor the support provided.
- The registered provider worked closely with a training organisation to provide ongoing training to staff and to develop their professional qualifications.