Jes Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 January 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, physically disabled and younger adults.

Not everyone using Jes Care Services received regulated activity; Care Quality Commission (CQC) only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post who was also the provider. 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. The registered manager worked closely with the nominated individual.

Risks to people were not always identified and there were not always risk management plans in place to keep people and staff safe. There was no system in place to monitor accidents and incidents. The provider's quality assurance systems were not robust enough to monitor the quality of the care delivered and to drive improvement. Some people did not have care plans in place to guide staff on how to support them. People's records were not always updated when their needs changes.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager and staff had a good understanding of the MCA and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. Staff had limited knowledge of the MCA, however, training in the MCA was planned.
People's relatives told us their relatives were safe receiving care from Jes Care. Staff clearly understood how to safeguard people and protect their health and well-being. There were systems in place to manage safe administration of medicines. People received their medicines as prescribed.

Staff told us they were well supported by the management team. Staff support was through regular supervisions (one to one meetings with their line manager), and spot checks to help them meet the needs of the people they cared for.

People had their needs assessed prior to receiving care from Jes Care to ensure staff were able to meet people's needs. People were supported to access health professionals when needed and staff worked closely with the continued care team and people's GPs to ensure their health and well-being was monitored.

Staff worked closely with various local social and health care professionals. Referrals for specialist advice

were submitted in a timely manner. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. End of life care was provided in a compassionate way.

People knew how to complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements.

The registered manager and management team promoted a positive and open culture. People's relatives told us the service was well led. Staff told us they worked well as a team and felt valued.

We found two breaches of regulations and you can see what action we took at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people were not always identified to keep people safe.

Staff understood safeguarding procedures.

The service had enough staff to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good

The service was effective

Staff had limited understanding of the Mental Capacity Act (MCA). However, staff training in the MCA was planned.

Staff had the skills to meet people's needs.

People were supported to have their nutritional needs met.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were treated with dignity and respect and supported to maintain their independence.

Information about their care was available to people, including in accessible formats

Staff knew how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People were supported to access their communities and reduce social isolation.

Complaints were managed in line with the provider's policy.

People were supported during end of life.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not have quality assurance systems in place to drive improvement.

People's care plans were not always updated to reflect changes.

People and staff told us the management team was open and approachable.

Staff spoke positively about the support they received from the registered manager.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. This inspection took place on 23 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their homes; we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider had not completed a Provider Information Return (PIR) as this had not been requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had not received any notifications from the provider. Notifications are information about important events the service is required to send us by law.

We spoke with two people and seven relatives. We looked at five people's care records and medicine administration records (MAR). We spoke with the registered manager, the director, the provider's representative and three support staff. We reviewed a range of records relating to the management of the service. These included five staff files, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Requires Improvement

Is the service safe?

Our findings

Practices around risk identification and risk management were not always consistent. Risks to people were not always identified and there were not always risk management plans in place to keep people and staff safe. For example, one person coughed during meals and drinks, which indicated they were at risk of choking. However, there was no risk assessment or risk management plan for choking in place. This person did not have an environmental risk assessment in place, to help staff understand the risks related to people's homes, such as trip risks related to loose carpets. The same person used a ceiling hoist for transfers. However, there was no moving and handling risk assessment or risk management plan in place.

Another person was bed bound and their skin assessment indicated they were at high risk of developing pressure sore. However, there was no pressure sore risk assessment or risk management plan in place. The same person received four visits per day and they did not have an environmental risk assessment and risk management plan in place. We found two more people without environmental risk assessments.

The failure to ensure that risks related to peoples care were identified and action taken to mitigate those risks was a breach were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a procedure for recording accidents and incidents. We found two incidents relating to people had been documented and followed up with action plans to manage any further risk of reoccurrence. However, there was no system in place to audit or analyse accidents and incidents to look for trends. We spoke to the registered manager about this and they told us they were going to put a system in place as the service grew.

People's relatives told us they felt their family members were safe receiving care from Jes Care. Comments included; "Definitely. The girls talk to her and she's very happy with them. She seems to get on very well with them", "They won't hurt him because they care. I trust them" and "Yes, he seems to be quite safe. They just seem to pay him quite a lot of attention".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were aware of the different types and signs of possible abuse. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff said, "Abuse can be verbal, physical, neglect or financial", "I would report abuse to the manager" and "We report abuse to the manager and they will investigate". The provider had a whistle blowing policy in place that was available to staff across the service. One member of staff told us, "I can whistle blow to CQC (Care Quality Commission), safeguarding and police".

Jes Care had enough staff to meet people's needs. People's relatives told us they never experienced missed calls. People's relatives said, "Yeah they have enough staff and time for the visits", "They come roughly the same sort of time which is quite good" and "They say roughly when they're coming so it's been okay". Records showed the service had not had any missed calls. Staff told us they were enough staff to keep

people safe. One member of staff said, "We have enough staff. Only struggle when staff call in sick". Short term sickness was covered by regular staff.

The registered provider followed safe recruitment practices. Staff files included application forms, records of identification and three appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

People received their medicines as prescribed. The provider had a medicines policy and procedures in place. Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the number of medicines administered from a monitored dosage system.

The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it. People told us staff used personal protective equipment (PPE) and washed their hands. One person said, "They (staff) put gloves on and wash their hands in the kitchen".

The service learned from mistakes. Staff told us and records of client memos and staff spot checks showed where issues or shortfalls were identified they were discussed with the aim of learning from them. For example, one incident was discussed in a staff meeting and this resulted in the person concerned receiving more support.

Good

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The 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's relatives told us staff always sought their consent before offering care. One person's relative said, "They ask for permission and explain everything before they do anything". Staff also told us they always sought people's consent before they offered any support or care. However, we found no evidence to show that people's consent was always sought for information sharing or involvement in care planning and reviewing. The provider relied on consent sought by the continued care team. We brought this to the attention of the registered manager and they told us they would address this. Following the inspection, the registered manager told us this had been addressed.

During our inspection we found, staff knowledge in relation to the MCA varied. We asked staff to explain how they would support people in line with the MCA and they told us, "If people cannot make decisions, decisions can be made in their best interest,", "I don't know what that is" and "If people refuse care we persuade them and have patience. We devise strategies". Records showed staff had not received training in the MCA. Following the inspection, the provider told us they had booked staff training in the MCA. At the time of the inspection the service was not supporting anyone who lacked capacity.

People's needs were assessed prior to accessing the service to ensure their needs could be met. The registered manager worked closely with the continued care team to complete these assessments. For example, assessments identified people's preferred methods of communication and staff were provided with guidance on how to effectively communicate with people. Assessments also covered people's individual needs relating to mobility and skin integrity. Detailed guidance was provided for staff on how to support people effectively.

People received care from staff who were confident in their practice. People's relatives said, "They're quite knowledgeable yeah. They come in and do what they have to do. I'm quite happy with the service", "Yes they get on with it. I'm quite impressed with them" and "Yeah they're very good". Records showed and staff told us they had the right competencies and experience to enable them to provide support and meet people's needs effectively.

New staff were supported to complete an induction programme before working on their own. The induction programme included training for their role and shadowing an experienced member of staff. One member of staff told us, "Induction was very helpful. I was introduced to people before I supported them". Another member of staff told us, "I shadowed for three weeks before working alone".

Records showed and staff told us they received the provider's mandatory training before they started working at Jes Care. They were also supported to attend refresher sessions regularly. Mandatory training included; manual handling, safeguarding, equality and diversity, basic first aid and medication awareness.

Staff told us and records confirmed that staff received support through regular supervision (a one to one meeting with their line manager) and spot checks. Staff said, "I feel supported. I receive supervisions three monthly" and "I had a spot check last week". Where training was required for specific tasks, we saw staff had received the training. For example, training in assessment and application of stockings, catheter care and stoma care.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care. These included the continuing health care team, GPs and occupational therapists.

Where people required support to meet their dietary needs this was detailed in their care plans. Records showed most people had minimal needs and only supported with drinks and snacks. One person told us they were supported with drinks when staff visited.

Good

Is the service caring?

Our findings

People benefitted from positive caring relationships with staff. People's relatives said, "Mother is not one to take to strangers quite easily but the girls are quite chatty with her" and "They're very pleasant, always chatty and announce their arrival. Mum seems to like the girls". Staff told us, "We mostly have the same clients and they know us very well" and "My visits are for the same client so I get to know them". Staff understood the importance of building relationships but were aware of their responsibility to remain professional.

People's relatives told us staff were caring. Comments included; "Yeah they are caring. They're always helpful when they come", "They do come here they sit and chat with my mum and ask how she is. They're doing a very good job" and "Well it's what they do and how they do it and I watch what they're doing they seem do the job okay".

Staff spoke with kindness when speaking about people. Staff told us they were caring and treated people with kindness and compassion. Records showed and staff told us people's preferred names were used. Staff gave examples of when they showed kindness by being very patient and taking time to talk to people about things that mattered to them. One member of staff told us, "[Person] is a well-known figure and loves talking about politics. We have some really interesting conversations".
The registered manager promoted a caring culture. They told us they often completed visits alongside staff. They treated people with kindness and compassion and staff told us they mirrored the registered manager's caring approach of delivering compassionate care and support.

People were treated with dignity and respect by staff and they were supported in a caring way. One person's relative told us, "Well they shut the room and I usually leave anyway. They don't ever show any disrespect, they explain everything. The girls will always talk to me and say what they done if they have any concerns". Staff ensured people received their support in private and staff respected people's dignity. Staff described how they treated people with dignity and respect. Staff said, "We cover people with towels during personal care. We treat them with utter respect" and "We knock on the door and wait to be invited in". Care records reflected how staff should support people in a dignified way and respect their privacy. Care plans were written in a respectful manner.

Jes Care provided information, including in accessible formats, to help people understand the care and support that was available to them. People's relatives told us the service shared information with them and they were actively involved with people's care. People's care plans demonstrated that people and their relatives were involved in developing their care plans. People's relatives said, "Yeah I have input into his care plan" and "Yes of course I am involved. I take note of anything. I sort of know what's going on".

People's needs in relation to gender, faith and disability were clearly recorded in care plans and staff knew the needs of each person well. Staff gave us examples of how they supported people. We asked staff about equality and diversity. One member of staff told us, "We did the training in equality and diversity. We have to treat people equally despite their religion or gender". Discussions with the registered manager and staff

demonstrated that the service respected people's individual needs.

Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with people who had limitations to their communication. Staff spoke to us about communicating effectively with people. One member of staff said, "There is one person I support who is nonverbal. We use gestures and observe for responses when we support them".

People's care plans detailed repeatedly the importance maintaining their independence where possible. Staff told us that people were encouraged to be as independent as possible. One member of staff said, "We allow people to do what they can rather than take over the care".

Staff understood the importance of confidentiality. One member of staff told us, "We lock away documents and do not share information with people who don't need to know". Staff signed a confidentiality agreement during induction. We saw people's support records were kept in locked cabinets in the office and only accessible to staff. The provider's policy on confidentiality was available to people, relatives and staff.

Good

Is the service responsive?

Our findings

Jes Care was responsive to peoples changing needs. For example, we saw evidence of how the service had responded to changing needs in relation to a person's condition getting worse. The service contacted the palliative care team and the person was admitted to a palliative care ward within a few hours.

People were encouraged and supported to maintain links with the community to ensure they were not socially isolated. For example, people who enjoyed attending coffee mornings and community centres. The service planned people's care visit times flexible enough to accommodate their interests as well as any other social commitments. One person's visits depended on how they felt each day. Staff told us they called this person every morning to find out the visit time that suited them best for that particular day.

Handovers between staff ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff shared information about any changes to care needs, activities attended, planned appointments and generally how people had spent their day. This meant staff received up to date information before providing care, maintaining consistency.

The provider used a key worker system. A keyworker is a staff member responsible for overseeing the care a person receives and liaises with families and professionals involved in that person's care. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency.

The provider had a complaints policy in place which was accessible to people and their relatives. People told us they knew how to complain and were sure their concerns would be addressed. People told us, "We have got a folder with loads of bits in. There is no reason to complain", "I have their number and I'd just ring" and "Well I haven't had to". Records showed the service had received no formal complaints. Where minor complaints had been raised, these were dealt with in line with the provider's policy. There were compliments and positive feedback received about the staff and the care people had received.

The service supported people through end of life care (EOLC). Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. They talked about how they would maintain people's dignity and comfort. Staff comments included; "I have supported clients during end of life care", "We keep people comfortable and ensure pain medicines are given. We also support and reassure the family. When the time comes we attend the funeral as a team" and "We take a positive supportive approach during end of life care. We know our limits and support the family". The service had very close links with a local hospice which supported staff in providing EOLC support.

Requires Improvement

Is the service well-led?

Our findings

The provider's quality assurance systems were not robust enough to monitor the quality of the care delivered and to drive improvement. For example, no medicine or care plan audits had been completed. The concerns we found in records had not been identified. Risks to people were not always identified or managed.

People did not always have care plans to guide staff. For example, one person had a suprapubic catheter in place and staff supported them with changing the urine bags. Staff knew how to support this person. However, there was no care plan in place to guide staff on how to support this person.

People's care records were not always updated when their needs changed. For example, one person had been discharged from hospital and their care increased from two to four visits per day. Staff completed the four visits. However, the person's care plan had not been reviewed and updated to reflect the changes.

The failure to ensure that records were completed, accurate and up to date was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Jes Care was led by a registered manager who had support from the nominated individual, who is the provider's representative. The registered manager had been in post since the service registered with CQC. They had a clear passion to provide the best care and were looking for ways to improve and fully embed their values.

We asked people's relatives if the service was well managed and they told us, "I think so yeah. I think the manager came out a few times at the beginning", "On the whole yes. I only know that someone is coming and if someone can't come someone else will come. I really don't know much about management" and "Well, the girls seem to just turn up on time and I haven't had any contact with their managers".

Staff told us they had confidence in the service and felt it was well managed. Staff said, "Manager is good and supportive. She treats us with respect", "Manager is always there for the staff. Any issues are discussed openly" and "Manager is caring like a mother figure. She supports us well and values feedback". It was clear the registered manager was passionate about their role and had a vision to develop and improve the quality of the service. The registered manager said, "We started small and wanted to make sure we are giving good care. We have a lot to learn and improve to get things right".

The service had a positive culture that was open and honest. Staff were valued and people treated as individuals. Staff said, "This is a good company to work for, they respect staff opinions", "They listen to what we have to say to improve care" and "This company brings something very different. It's not just care but personal. It feels like a family".

Staff commented positively on communication and teamwork within the team. Information was shared through weekly memos and communication books in people's homes. These allowed continuous updates

among staff and aimed at improving people's care. One member of staff told us, "We work very well as a team and communicate effectively with the management team".

Records showed that Jes Care worked in partnership with the continuing health care team, other healthcare professionals, safeguarding team and GPs. Advice was sought and referrals were made in a timely manner, which allowed continuity of care. The provider had plans to grow the service and was in the process of registering with the local authority so they would be able to get more people to support in the community.

People and their relatives were encouraged to provide feedback about the quality of the care they received following every visit. This allowed any concerns to be addressed and care to be improved in a timely way. The provider was in the process of facilitating their first quality questionnaire survey.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered manager and the provider to act in an open way when people came to harm.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always identified and there were not always risk management plans in place to keep people and staff safe.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems were not robust enough to monitor the quality of the care delivered and to drive improvement. People did not always have care plans to guide staff. People's care records were not always updated when their needs changed.