

Jewel Home Support (Lancs) Ltd

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Inspection report

215-217
Ribbleton Lane
Preston
PR1 5DY

Date of inspection visit:
20 September 2021

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20 October 2021

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Jewel Home Support is a home care service providing care and support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was supporting 38 people at the time of our inspection.

People's experience of using this service and what we found

Management and governance systems needed further development and embedding to ensure all aspects of care and safety were consistently monitored and improved. Although governance systems had identified areas needed for improvement, it wasn't always clear as to what action had been taken to remedy this.

We have made a recommendation about reviewing governance processes to help better evaluate performance to help improve standards of care.

Risks assessments associated with people's care were carried out and managed to minimise harm, although further guidance was required for staff to help manage and mitigate risk to people.

We have made a recommendation about reviewing risk assessments to ensure they contain the required information for staff to follow.

Staff were able to explain the needs and wishes of people and how they helped them to remain safe. Staff told us they would act to protect people if they believed them to be at risk of avoidable harm.

People's experience of using the service was generally positive. People told us they received the care and support they needed. People told us staff were helpful and kind and treated them with dignity and respect. Positive relationships had been developed between staff and people they supported, and both people and their relatives confirmed this.

However, some people told us that not all staff were aware of their needs when they visited for the first time, this was confirmed by some staff.

We have made a recommendation about developing systems to support staff and governance systems to ensure high standards of care and support.

The registered provider and manager responded positively to our findings at inspection, which demonstrated their commitment to continuous and sustained improvement.

The service followed best practice guidance regarding the management of COVID-19 and maintaining standards of infection control.

Rating at last inspection

This service was registered with us on 14 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the service's first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Jewel Home Support (Lancs)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 20 September 2021 and ended on 5 October 2021. We visited the office location on 20 September 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one member of care staff, the registered provider and registered manager.

We reviewed a range of records. This included four people's care records and daily care notes and records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four service users and four relatives of service users to gain their experiences of the care and support provided. We also spoke to four members of care staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although people's care records identified risk to people, such as safe moving and handling, there was not always enough detailed information and guidance for staff on how to manage and mitigate the risks.

We recommend the provider develops people risk assessments to include further detail for staff to follow and to ensure people's safety is promoted.

- However, staff spoken with were aware of risks to people and to how to care for them in a safe way.
- People and their relatives told us they felt staff provided a safe service. One person told us, "I feel safe when staff are here." A relative added, "I have no worries about my relative's safety when the staff are providing care, my mind is at ease."
- A system was in place to ensure any accidents and incidents were recorded. Information was reviewed by the registered manager to help prevent risk of recurrence.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people and to ensure that any incidents which exposed people to potential or actual harm were identified and reported appropriately to the relevant external agencies.
- Staff had received training in safeguarding and told us they would not hesitate to raise anything of concern.

Using medicines safely

- At the time our inspection the service was not actively supporting anyone with medicines. However, records showed staff had received training in how to manage medicines safely.

Staffing and recruitment

- We had received some concerns that staff may not have been recruited safely. We checked staff files and found that appropriate pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- People told us staff wore PPE and they felt safe from the risks of COVID-19 when receiving care and

support.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes.
- Staff were able to tell us about the needs of the people they supported. One person confirmed, "Staff do know me and my needs."
- People's care records reflected their current care and support requirements. Although some information was recorded about people's background and preferences, this required further development, we spoke to the registered manager about this, who confirmed this would be reviewed.

Staff support; induction, training, skills and experience

- Some staff told us they felt the induction programme could be improved. One member of staff told us that most of the training was online, and that they would value more face to face training. We spoke to the registered manager about this who confirmed training would be more hands on as COVID-19 restrictions eased.
- Staff were provided with training to help equip them with the necessary skills and knowledge to perform their role.
- The service had adapted their training programme to help meet the needs of staff. Successful completion of training modules went towards a nationally recognised qualification, the registered manager told us this helped to boost self-esteem of staff and confidence in their own ability.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Consent to care and treatment was sought in line with legislation and guidance. Staff told us they asked people for their consent before any intervention.
- People's care records demonstrated that care and treatment had been provided with the consent of the

relevant person. Although some people did tell us they would like to become more involved with their care and support plan.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives. Staff worked alongside external health care professionals (such as district nurses) where required to ensure people's needs were met in a timely way.
- People's care records reflected their current care and support requirements.

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

- Where staff supported people with their nutritional needs, information was recorded in their care records.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated in a person-centred way which respected their dignity and independence. We received positive feedback from people and their relatives about the care and support they received. One person told us, "Staff are very kind." Relatives confirmed, "Staff have good banter and rapport with [Person] and make them laugh which is so important" and "I'm amazed the care for [Name] has gone as well as it has."
- People were matched to care staff with shared interests wherever possible. People's preferences were also catered for, for example, their preferred gender of staff.

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

- Most people told us that the service called them to check if everything was OK and if they had any feedback about the care and support provided.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records showed assessment of their communication needs had been undertaken. The service was familiar with the standard about how to make information more accessible for people and had consulted best practice guidance to aid them with this.
- For people whose first language was not English, the service attempted to match them up with staff who spoke the same language. This helped people to communicate their needs more effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- We received positive feedback from people and their relatives in relation to the way staff supported and cared for people and maintained relationships, one told us, "Staff have adapted so well to [Name] and know and understand their needs and behaviours."
- People received personalised care that was responsive to their needs. People's care records demonstrated that care and support was tailored to people's preferences.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. Some people and relatives told us they had made complaints, but these had been listened to and acted on.
- We saw a positive example of the service handling a complaint in a sensitive, compassionate and thoughtful way.

End of life care and support

- Staff had received specific training on how to deliver individualised and dignified end of life care. Staff worked in conjunction with other health care professionals to ensure people's end of life needs were met.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Some staff did not feel the service always engaged well with them or took on board their views, and that although they raised issues, they didn't always see the appropriate action taken.
- Some staff told us that meetings involving care staff did not always take place (however, this was largely due to COVID-19 restrictions) and that they didn't feel involved with the running of the service.

We recommend the provider renews systems for supporting staff including inductions, supervision and appraisals to help support staff development in the delivery of safe and high-quality care.

- The registered manager confirmed various platforms were in place for staff to provide their views. They provided an example of a member of staff providing feedback to management and that change being implemented, to help improve safe practices.
- The service worked effectively with others such as commissioners, safeguarding teams and health and social care professionals.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Although a complaints process was in place, complaints were not audited and reviewed to help identify themes and prevent recurrence. Complaints, any late or missed calls were dealt with as and when they happened.
- Although audits and governance processes were in place, where issues had been identified, it wasn't clear what action had been taken to remedy them to ensure that the safety and quality of care was monitored and analysed.

We recommend the provider review their governance processes to help better evaluate performance to monitor and improve standards of care.

- Both the registered manager and provider responded positively to the findings made at our inspection and had already begun to implement practices to make sustained improvement, demonstrating their commitment to deliver high quality care and support.
- The registered manager understood their roles and responsibilities and sent us statutory notifications to inform CQC of any significant events that placed people at risk, meaning that CQC were alerted to the

current level of risk at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We were not always fully assured that the culture that was open and inclusive, and consistently achieved good outcomes people using the service. Some staff told us that often they were sent to new clients with very little information about their needs, this meant they had to ask the person or their relative on arrival, one staff member told us, "I don't think it's very professional, we should have this information beforehand."
- One person told us, "Some staff, especially the younger ones don't know what to do when they first arrive." A relative told us, "New staff don't know what to do then they first visit, I have to explain [Name's] medical history and their needs. It would be nice if they knew this information before."
- We discussed this with the registered manager who told us that care plans were in place in people's homes, which contained information and guidance for staff to refer to. The manager also told us staff had access to an application on their phone which provided key information about the person, this could be accessed before staff entered the person's home to provide care and support.
- Some staff told us they did not feel comfortable to raise issues with management as they didn't feel they were listened to.
- The registered manager told us about their commitment to ensuring staff felt listened to and valued. They advised they welcomed feedback from staff at anytime, and would remind staff of this. They also told us about their plans to help improve quality and person-centred care. This included a revised electronic care planning system.
- The service worked effectively with external agencies to help achieve positive outcomes for people.