

Jubilee Angels Limited

Jubilee Angels

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Jubilee Angels is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to one person.

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

The person who used the service was very happy with the care and support they received. They told us they felt safe in the company of staff and received support from the same core group of staff, which promoted good continuity of care. Staff clearly knew how to provide personalised and safe care. Staff were trained to administer people's medicines safely.

The person who used the service told us care records reflected their identified needs. However, as the service had failed to clearly identify this person's needs through robust assessment at the point of admission, we were concerned this impacted on the overall quality of care planning and risk assessment. We saw one example where assessment relating to the person's eating and drinking requirements were not accurately completed. The person who used the service said they were regularly consulted by staff about their care and felt listened to. However, these discussions were not being recorded and care plans were not being regularly reviewed.

The management team were passionate about delivering good care and had a good relationship with the person receiving care. The management team were involved in care delivery, so they had a good oversight of the person's care and support. The service had a range of quality assurance systems in place to monitor and improve the service. However, these were not always being used effectively by the management team and we found instances where they had not followed the provider's own policies and procedures in relation to service delivery.

The person who used the service was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 30/08/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration of the service.

Enforcement

We have identified breaches in relation to assessing people's needs and the systems of governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Jubilee Angels

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. It provides a service to adults with a range of care needs, such as dementia, sensory impairment, learning disability, mental health and physical disability.

The service did have a manager registered with the Care Quality Commission. This means 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 22 August 2019 and ended on 23 August 2019.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the one person who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager. We reviewed a range of records. This included care records and two 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 and what actions they had taken in relation to feedback.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk to the person's health, safety and well-being were assessed and measures were in place for staff to reduce or remove the risks. However, due to a lack of robust admission assessment we were concerned this may impact on the quality of assessments. For example, we saw in one risk assessment the assessor had failed to identify a person had a health condition that may be made worse by consuming certain food or drink.
- Risk assessments were not dated, which is good practice to facilitate audit or review.
- Despite these concerns, the quality of a risk assessments had not impacted on care delivered. Discussions with staff showed they were aware of this person's individual risks and the steps required to mitigate such risks. The person who received care told us they felt very safe in the company of staff and had no concerns with the services provided.
- As the management team were involved in the delivery of care, they were able to effectively monitor and respond to issues relating to the quality and safety of services provided.

Staffing and recruitment

- The provider had not followed all recruitment practices when employing suitable staff to care for people who may be vulnerable. In some staff files we saw the service had not obtained a full employment history, which is required to promote safer recruitment decisions. The registered manager assured us they would retrospectively address this concern to ensure all recruitment practices were followed.
- There were enough staff employed to ensure people's needs were met. Support was provided by the same core group of staff, which promoted good continuity of care.

Using medicines safely

- We found satisfactory procedures in place for the administration of medicines and staff employed at the service had been provided with training in the safe administration of medicines. The person who received a service said, "They [staff] are good with medicines, they have got to be."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- We saw a policy on safeguarding vulnerable adults was in place and the management team were clear about their responsibility to report safeguarding incidents as required and in line with safe procedures.
- There were no recorded safeguarding concerns at the time of inspection.
- The provider had systems in place to ensure accidents and incidents were recorded and reviewed to identify any learning which may have helped to prevent a reoccurrence. At the time of inspection there were no recorded accidents or incidents.

Preventing and controlling infection

- The provider had a policy and procedure in place for controlling the risk of infection spreading. Staff confirmed they were provided with Personal Protective Equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures.



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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider had a pre-admission assessment framework in place but the person who received a service had not received a complete assessment of their needs. Pre-admission assessments are important as this information is necessary for effective risk assessment and care planning.
- As the provider had not completed a pre-admission assessment we had concerns about the overall quality of this person's care plans and risk assessments.
- Despite our concerns about the quality of assessments and care plans, the person who received a service told us the standard of care they received was very good. They also said, "I have read my care plan and it reflects my support needs." Staff we spoke with said they knew people's care and supports needs well as they had the same 'client', which enabled them to get to know the individual and build a relationship.

We found no evidence that this person had been harmed however, the provider had failed to ensure all people had received a robust of assessment of their needs and preferences. This placed this person at an increased risk of not having their needs are met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were well-trained, which meant they had appropriate skills and knowledge to support people.
- Staff received regular supervision and appraisals from their line manager throughout their employment.

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

- Staff knew this person's eating and drinking preferences well. As we found the service's assessment process needed improvement, we were not confident this person's eating and drinking assessments and support plans were reflective of their needs.
- The person who received a service spoke very positively about the meal support they received.

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

- The service supported the person to maintain good health by working collaboratively with external health services. Although not applicable at this inspection, the registered manager said any assessments or information from healthcare professionals would be recorded in people's care plans so staff were aware of any changes in their condition and care requirements.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA

- The registered manager told us at the time of the inspection the person who received support was able to consent to their care and support but was aware of their legal responsibilities under the MCA.
- The person who received a service said they felt consulted and staff always asked for permission before providing support.
- Staff had undergone training in the MCA and clearly demonstrated their practical awareness of the need to gain consent before providing care.



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.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The person who used the service told us staff were caring and kind. When we spoke with the care staff they demonstrated a caring and compassionate manner and clearly understood how to deliver the personalised care and support this person required. The person who used the service said, "Yes, I have say in my care. It has to be a two-way thing or it won't work" and "Staff are definitely caring and kind."
- Staff knew how to treat people with dignity and respect.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

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

- Through talking to staff and the person who received a service, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.



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 requires improvement. This meant people's needs were not always met or were at an increased risk of not being met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained some person-centred detail to guide staff.
- Care plans were not always reviewed at the frequency as set out in the provider's policies and procedures. This meant care records were less likely to reflect the person's current support needs.
- Despite a lack of person-centred information in the care plans to guide staff, they clearly knew the person they were supporting well and therefore were still able to provide person-centred care. This was reflected in feedback from the person who received a service.

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.

- Due to a lack of a robust pre-admission assessment process, we were not confident the service was consistently identifying people who fell within the scope of AIS so that information could be presented according to their assessed needs.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints. The complaints procedure was provided to people who used the service. The person who used the service told us they had no concerns but knew who to go to if they did and felt confident these would be dealt with appropriately.
- The registered manager told us there had been no complaints since registration.

End of life care and support

- At the time of our inspection, the service was not supporting anyone who required end of life care. The provider told us they had systems in place to document a person's preferences and priorities for care when they reached the end stages of their life and health professionals would be consulted as part of this process.



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 was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were a range of quality assurance systems in place to monitor and improve the quality and safety of services provided. However, these were not always effective at maintaining compliance with all regulations. In addition, there were instances where the provider had failed to establish robust quality assurance systems which were necessary to monitor fundamental aspects of care. For example, care records were not audited, and checks to medicine administration records and daily logs were not recorded.
- The provider was not always following their own policies and procedures regarding service delivery. This meant we were not confident the provider was consistently following processes which were good practice or required by law.
- The provider employed a dedicated and caring workforce, who were passionate about providing good care. The registered manager was experienced in care and very approachable. The person who received a service commented, "It is a very good service. They adapt to change" "It is a well led organisation. I have no concerns" and "Yes, [registered manager] is approachable."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider understood the service needed to improve and demonstrated they were committed to addressing areas of concern.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood their role and responsibilities in relation to the duty of candour. This is a set of expectations about being open and transparent when things go wrong.
- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

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

- The provider had mechanisms in place to gather feedback about the service. The person said, "They [the provider] always give the impression that if I had something that I wanted to improve they would make time to discuss it."

Working in partnership with others

- The provider had links with the local community and key organisations to the benefit of people who used the service and to help with the development of the service.

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 | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to carry out an assessment of the needs and preferences for care and treatment of each service user.</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems or processes were either not established or not operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> |