Jusrade Care Ltd

Jusrade Care Head Office

Inspection report

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05 November 2018

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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

This inspection of Jusrade Care Head Office took place on 31 October 2018. Our visit to the office was announced to make sure staff were available. We spoke with people on 01 November 2018 and 05 November 2018 by way of telephone calls. This was their first inspection since registering with the CQC.

Jusrade Care Head Office is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our visit 14 people were using the service. Not everyone using Jusrade Care Head Office received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

There was a registered manager at this agency who was supported by an administration manager. 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 provider's monitoring process looked at systems relating to the care of people, where issues were identified action was taken to resolve these. People's views were sought and action put into place to improve issues that were raised. Medicines were administered safely and there was clear information and guidance in people's care plans for staff to follow when giving medicines in specific ways. Care plans were written in detail and contained guidance for staff to follow although some improvements are required to ensure the information in each person's care plans were clearer to understand.

Staff knew how to respond to possible harm and how to reduce risks to people. Lessons were learned from accidents and incidents and changes to practise were shared with staff members to reduce further occurrences. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Staff used personal protective equipment to reduce the risk of cross infection to people.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received support with meals, if this was needed.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members. There was enough information for staff to contact health care professionals if needed and staff followed the advice professionals gave them. People's personal and health care needs were met and care records guided staff in how to do this.

A complaints system was in place and there was information available so people knew who to speak with if they had concerns. Staff had guidance to care for people at the end of their lives if this became necessary.

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.

Medicine administration records were accurately completed and medicines were given as prescribed.

Staff assessed risks to protect people from harm and followed infection control practices to reduce the risk of cross infection.

There were enough staff, who had undergone recruitment checks, available to meet people's care needs.

The systems in place to learn lessons from incidents were completed effectively.

Is the service effective?

Good

The service was effective.

Systems were in place to make sure people's care and support was provided in line with good practice guidance.

Staff members received enough training to provide people with the care they required.

People were supported eat and drinks as independently as possible.

Staff worked with health care professionals to ensure people's health care needs were met.

Staff supported people to continue making decisions for themselves.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people using the service and their relatives, which ensured people received the care they needed.

Staff treated people with dignity and respect and people's preferences were always respected.

Is the service responsive?

Good

The service was responsive.

People had their individual care needs planned for.

People had information if they wished to complain and there were procedures to investigate and respond to these.

Guidance was available staff about how to care for people at the end of life.

Is the service well-led?

Good

The service was well led.

The quality and safety of the care provided was effectively monitored to drive improvement and it identified and addressed issues and shortfalls.

People's views about the agency were obtained and action was taken to address issues.

There was a good working relationship between staff members and people.

Staff contacted other organisations appropriately to report issues and provide joined-up care to people.

Jusrade Care Head Office

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 was planned to check 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 took place 31 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we wanted to make sure staff would be available to speak with.

On 31 October 2018 we visited the office to speak with the manager, office staff, to review care records, and policies and procedures. We spoke with people on 01 November 2018 and 05 November 2018 by way of telephone calls.

This inspection was carried out by one inspector. This was the service's first inspection since registering with us in 2017.

Prior to this inspection we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also used information the provider sent us in the Provider Information Return. This is 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 spoke with three people using the service. We spoke with two members of care staff, registered manager, administration manager and the nominated individual for the company. We checked three people's care records and medicines administration records (MARs). We checked records relating to the management of the service, such as audits, staff recruitment, training and health and safety records.

Good

Is the service safe?

Our findings

The service was providing safe care and people spoken with were complimentary about the service they said, "They are pretty reliable. They're like one of the family" and "They're very good, always here on time and friendly." People told us that staff were usually on time and there were no missed calls. They were positive about the support they received and said that carers knew them very well. They benefitted from the familiarity and consistency.

The service was small and the registered manager undertook care visits herself. There were sufficient staff to meet the needs of people currently using the service. The registered manager was in the process of recruiting staff and would only accept new care packages when there were sufficient staff. The provider had contingency plans in place for any emergencies or unforeseen circumstance that may affect the service.

There was an electronic appointment system in place and staff were given sufficient time to travel in between calls. The real-time monitoring system in place, alerted the management if visits were late. This meant that immediate action could be taken. There were no concerns regarding late or missed calls.

Records relating to the recruitment of new staff showed relevant had been completed before staff worked unsupervised at the service. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Risk assessments were in place for people who used the service. These assessed potential risks and the actions in place to reduce the risk. They also covered potential environment risks and considered any risks to support staff. The registered manager demonstrated that health and social care professionals were contacted if there were any concerns about a person's safety.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. We saw that care plans included some information about the support people required with their medicines, however we noted that these could benefit from further details about the support people required. We discussed this with the registered manager who said she would address this. Staff were trained in the safe management of medicines and their competency was checked by the registered manager. The registered manager also undertook a monthly audit of medication administration records (MARs) to identify any shortfalls and if necessary take further action.

The service had systems in place designed to protect people from avoidable harm and abuse. Staff had been trained and understood the signs of abuse and knew what to do if they suspected a person was being abused or at risk of harm. We saw that information was available to staff, which provided appropriate contact numbers if there were concerns. The registered manager had not needed to raise any safeguarding concerns.

There were systems available to ensure any accidents and incidents were recorded. The registered manager told us there had been no accidents, however if there were these would be investigated to enable the service

to learn from them and take appropriate action. The provider had procedures in place for the prevention and control of infections. Staff were trained and were supplied with personal protective equipment (PPE) such as gloves and aprons.

Good

Is the service effective?

Our findings

People received effective care and support. People's needs were assessed before they started using the service and were reviewed to develop their care plans. The registered manager met with people and where appropriate, their relatives prior to the service starting. This enabled them to discuss their needs, choices and preferences. People told us, "I can't fault any of the staff" and "I'm really happy with the service."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us that staff asked for their consent before providing any care. People were able to sign their care plans to show they had consented to the care provision. The registered manager told us that all of the people who used the service currently had capacity to make their own decisions. She was aware of the MCA and principles which needed to be followed if there were concerns about a person's capacity.

Staff received a period of induction prior to starting work with the service. The induction was in line with the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers must adhere to in their daily work. The registered manager provided face to face training and a training company provided appropriate training products, which covered a wide range of topics.

The registered manager kept her knowledge up to date through various means including websites such as 'Skills for Care'. There were records of one to one supervision sessions between the registered manager and care staff. The frequency of these was not structured, however the registered manager explained as there was only a small number of staff at the current time, they had very regular contact and she had oversight of their skills and competency.

Staff confirmed they felt well supported and informed about any changes to people's care needs. Where required as part of their package of care, people were supported with their nutritional needs. Care plans included information about the support they required, including their likes and dislikes. Where there were any concerns about nutritional risks we saw that appropriate action had been taken. One person's weight was monitored and we saw in another example that guidance from a dietician was being followed. People told us that staff always asked what they would like to eat before preparing any meals.

We saw evidence of the service working effectively to deliver positive outcomes for people. People were supported to maintain their health and wellbeing through access to a range of community healthcare services and specialists. The service liaised with social workers, district nurses, GPs, specialised nurses and others where required. For example, equipment had been provided through an occupational therapy assessment, in response to a change in a person's mobility. Where necessary the registered manager had provided information, and liaised with other organisations such as the provision of technology and sensor equipment.

Good

Is the service caring?

Our findings

Everyone spoken with told us staff were kind and caring in their approach. Comments included, "They are very kind and caring," and "They are always making sure that I have everything I need." The service was small, which meant that staff were consistent and had built up effective relationships with people. People told us they always received the same care staff, who knew them very well.

Staff always had an initial introduction meeting with people prior to working with them. The registered manager believed this was important to ensure people felt comfortable and at ease. In another example the registered manager had ensured staff had relevant information about a person's health condition to enable them to offer support and reassurance to the person. Staff had time to listen to people and provide care in an unrushed way. The registered manager was very knowledgeable about the needs of all the people they supported. They demonstrated a caring approach.

The registered manager encouraged people and relatives to provide feedback via the homecare.co.uk website, which is an independent website. People were involved in decisions about their care and were involved in the development and reviews of care plans. They told us they were supported to make choices and staff respected their routines and preferences.

Information about the service was available in a' service user guide', which gave all relevant information about the service, how to contact and who to discuss any questions or issues with. The registered manager had also advocated on people's behalf to other organisations. People told us that staff treated them with dignity and respected their privacy. The registered manager promoted a culture of dignity and respect.

Staff were able to provide examples of how they respected people's privacy. They explained how they ensured people were always covered during personal care. There was a policy in place for equality and diversity and staff were trained in this area. The service took into account people's diverse needs, for example people were asked if they had any religious, spiritual or cultural requirements. The provider ensured that people's records were kept securely and confidentiality. These were up to date and compliant with recent changes to the legislation relating to data protection.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs and wishes. People told us, "They fit in with me" and "I can't fault them." People received personalised care that was responsive to their needs. Since the previous inspection people's care plans had been developed to ensure they included information which was person centred and provided details about people's likes, dislikes, personal histories and interests.

In the care plans reviewed, we saw that information about how to care for people according to their wishes and needs was included, however some improvements were required to ensure the information gave clear guidance about how people wanted to receive their care and support. For example, there was no clear guidance for one person on how staff were to support if the person was presenting with behaviour issues. The registered manager acknowledged this and told us that they would ensure the information was added to the care plan. The shortfall in documentation had not negatively affected the person's care.

Staff told us they were always informed about the needs of the people and could consult care plans, which were held in people's homes and the service's office when required. Daily notes recorded the care and support they provided at each visit and a sample of these demonstrated that care was delivered in line with people's care plans and their wishes. The registered manager also kept a clear record of any actions or communications about people.

Feedback demonstrated that the service worked closely with relatives where possible and they were informed about any concerns or changes to the people's needs. The service identified people's communication and information needs. The initial assessment took into account whether people needed support due to any sensory loss.

The provider had a complaints policy and processes were in place to record any complaints received and address them in accordance with their policy. There had been no complaints since registration of the service. People told us that they had regular contact with the manager and would have no difficulties in raising any concerns about the service if necessary. However, people told us that they had no reason to make any complaints.

At the time of our inspection, the service was not supporting anyone who required end of life care. However, the registered manager was aware how to access support from other healthcare professionals if required.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

People, their relatives and staff were positive about the way the service was managed. They all knew the registered manager very well and felt able to raise any issues of concerns, as they had regular contact. Systems were in place and some had been developed by the provider to ensure that information was organised, maintained and up to date. All information requested during the inspection was available. We saw that the provider had several policies and procedures in place. These were reviewed and updated on a regular basis.

We found that the registered manager was passionate about the service they offered and demonstrated that the small team had developed close links with people to provide individualised care. They worked in partnership with other agencies and had developed close working relationships with external professionals including social workers, district nurses, local GP's and other health care professionals.

The registered manager had undertaken numerous training courses and kept herself up to date with current research and best practice developments. The registered manager monitored and assessed the quality of the service they were providing to people. Regular audits on medication were completed and action would be taken if any errors were noted. Audits were also undertaken on daily records, risk assessments and care plans, to ensure these were reviewed at least every six months.

We saw that where any concerns had previously been raised in relation to the performance of staff, the registered managed took swift and appropriate action to address any issues. Staff were encouraged to give any feedback or make suggestions about improvements to the service. People views were sought about the service. As the registered manager undertook care visits herself to all the people using the service, she was able to gather their views and feedback on a regular basis. Yearly questionnaires were also sent out to people and we saw that there had been no negative comments about the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. CQC check that appropriate action has been taken. The registered manager was aware of her responsibility to notify CQC of any significant events, as legally required to do so. There had been no recent events requiring a notification.