

Just Ask Domestic Services Community Interest Company

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place over two days on 24 October 2017 and 20 November 2017 and was announced.

At the last inspection in December 2016 we rated the service as 'requires improvement'. We identified breaches in Regulations 11, 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Just Ask Domestic Services Community Interest Company provides personal care and support to people who live in their own homes. The company is a community based, not for profit organisation. The service supports people who need support with tasks such as shopping, washing, dressing and medicine administration. The regulated activity is personal care, and at the time of the inspection, the service provided personal care to 16 people.

At this inspection we found the provider had made significant improvements and was no longer in breach of the Regulations. However, further improvement was required to become well-led.

At the time of our inspection, there was still not a registered manager in place. 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 service has been absent of a registered manager for over a year.

The registered provider had good oversight of the service and was aware of areas of practice that needed to be improved. There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified. However, there was a lack of clarity between the roles and responsibilities of the registered provider and manager. We recommend the registered provider review responsibilities with the new manager so there are clear expectations for each of their roles.

People told us they felt safe at the service. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. There were good systems in place to make sure that people were supported to take medicines safely and as prescribed.

Risks to people had been assessed and plans put in place to keep risks to a minimum. An 'out of hours' service was in place so people could contact a member of staff in an emergency.

There were enough staff on duty to make sure people's needs were met. The provider had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

Staff told us they enjoyed working at the service. Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively. Staff were supported by an open and accessible management team.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are put in place to protect people where their freedom of movement is restricted.

People told us that staff were caring and that their privacy and dignity were respected.

Care plans were person centred and showed that individual preferences were taken into account. Care plans gave clear directions to staff about the support people required to have their needs met. People were supported to maintain their health and to access health services if needed.

People's needs were regularly reviewed and appropriate changes were made to the support people received. People had opportunities to make comments about the service and how it could be improved.

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.

People told us they felt safe at the service.

Staff had a clear understanding of their safeguarding responsibilities.

There were systems in place to protect people from the risks associated with care and support.

There were sufficient numbers of staff on duty to keep people safe. Staff had been recruited in line with safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received the support they needed to carry out their roles effectively.

The staff team had a good understanding of the needs of each person at the service.

People were supported to consent to decisions about their care, in line with legislation and guidance.

People received support from care staff to manage their health needs.

Is the service caring?

Good ●

The service was caring.

People told us that they received good care and support from the service.

People were treated with dignity and respect whilst being supported with personal care.

Care staff promoted people's independence.

Is the service responsive?

Good 

The service was responsive.

People were involved in contributing to how their care and support was provided.

There were up to date plans in place for how people's individual needs were to be met.

People knew how to complain and the registered provider took appropriate action if a concern or complaint was raised.

Is the service well-led?

Requires Improvement 

The service required improvement to be well-led.

There was not a registered manager at the service.

The roles of the manager and provider were not clearly identified.

There was a clear team culture which promoted respect and independence.

The registered provider had good oversight of the service. Staff told us that they felt supported by management.

There were systems in place to monitor the quality of care and make improvements where necessary.

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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 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 over two days on 24 October 2017 and 20 November 2017 and was announced. The registered provider was given 48 hours notice because it is a small domiciliary service and we needed to make sure someone would be in. On the first day, an office visit was carried out by one adult social care inspector. On the second day an expert by experience made phone calls to people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of supporting an older person.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) although this had not been updated since the last inspection. The PIR 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.

Prior to visiting the service we contacted the local commissioning authority for any information relevant to the inspection.

During the inspection we visited the office and looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a community care service. This included four recruitment records, three medicines records, training records and organisational policies and procedures.

We met with the manager, registered provider and spoke with one member of care staff. After the inspection, we spoke over the phone with ten people who received a service, two relatives and seven members of staff.

Is the service safe?

Our findings

At our last inspection we rated this domain 'requires improvement' and identified two breaches of regulations. Recruitment procedures were not being followed and there was not a robust system for checking the backgrounds of staff before they started work. The systems in place for the administration of medicines did not make sure that medicines were safely managed. There was a lack of information about how to mitigate concerns, where risks to people had been identified. The registered provider submitted an action plan showing how they intended to improve in this area. At this inspection we found improvements had been made and the service was now meeting the regulations.

People told us they felt safe when they received care and support. Comments included, "I feel safe with them. I have very nice carers who use common sense" and "I do feel safe. The carer helps me get up, get a shower and helps me with cooking. She is amazing and knows the signs if I need to go and sit down". A relative told us, "Definitely safe. When I have spoken to her [Name] she has never raised any concerns. The carers are all very nice and I trust them".

There were risk assessments in people's care plans which identified risks to people's safety and well-being relevant to the care they received. The risk assessments we looked at were up to date and covered areas such as the home environment, personal care, medicines and mobility. This meant that staff had information about how to support people safely. People confirmed this. One person said, "I have a stoma bag and I am happy with how they change that" and another commented, "Staff are safe, yes. They seem competent and they get on and do it".

All staff had received recent training in safeguarding people who used the service. The staff we spoke with told us they understood their responsibilities and were confident about identifying and responding to any concerns. There was an up to date safeguarding policy in place and guidance on safeguarding people in the staff handbook.

We looked at safeguarding records which showed the registered provider took appropriate action where concerns had been identified. The registered provider had been commended by the local authority for their response to one concern regarding a staff member acting inappropriately.

Any accidents or incidents had been recorded and the registered provider was able to look at an overview for each person, to see if there were any patterns or trends. Action was taken where any concerns were identified. For example, monitoring showed one person had had a lot of recent falls. The registered provider had referred the person to the local falls team for additional support.

The registered provider had improved the systems in place to make sure new staff had the right qualities to care for people in their own homes. We reviewed staff recruitment files and saw that applicants had completed an application form which was discussed at interview. References were sought prior to employment and checks were carried out on each applicant's suitability for the position. A criminal background check was provided by the Disclosure and Barring Service (DBS). The DBS is a national agency

that holds information about criminal records. The manager told us that if there were any issues from the DBS check they would discuss with the applicant and complete a risk assessment if they were employed.

There were sufficient numbers of staff to provide people with the support that had been agreed with the service. The registered provider explained that a schedule was drawn up each week using a care planner 'app' so that staff knew who they would be visiting. This was confirmed by the staff we spoke with. The provider added that because it was a small service they could be flexible in accommodating people's needs. People and their relatives told us that care staff turned up on time and there were no missed calls. Comments included, "I don't think they have been late at all" and "Yes they are on time, never late and always come".

Seven people who used the service required assistance to take their medicines or to apply skin creams. The service made use of Medication Administration Records (MARs) to record when medicine or cream had been administered. The MARs we looked at had been completed correctly and showed no unexplained gaps in recording. There was a description of each medicine, dose and time of administration. We saw that MARs were signed by a manager at the end of each month to show they had been audited. Each person had a medicines care plan which described the medicines they took and if they had any allergies.

People and their relatives told us their medicines were managed safely. Feedback included, "They give [Name] medication and I am happy with this. They write it down. When her prescription is up for renewal they collect it", "The medication comes in blister packs. The carer makes sure she takes the right medication. They do have MAR chart" and "They put my cream and stockings on for me. I am happy with how they do this".

Some people had 'as required' medicines, such as pain killers. The registered provider monitored the use of this type of medicine to check it was used correctly. Earlier this year they had identified one person was taking a painkiller regularly. They informed the doctor who changed it to a regular, prescribed medicine.

Staff were trained in medicines management and assessed as competent, before being allowed to administer on their own. The staff we spoke with were confident they understood the procedures. The registered provider had rewritten the medicines policy since our last inspection and this now provided clear guidance to staff about safe administration.

Is the service effective?

Our findings

At our last inspection we rated this domain 'requires improvement' and identified two breaches of regulations. We found the registered provider was not adequately assessing people's capacity to make decisions or recording decisions made on people's behalf. We also found a lack of training and supervision for staff to support them in effectively meeting people's needs. The registered provider submitted an action plan showing how they intended to improve in this area. At this inspection we found improvements had been made and the service was now meeting the regulations.

People told us they were supported by competent and trained staff. Comments included, "Yes, because of how they are with [Name]. They are really good with her. I know one carer has been on dementia courses and the manager has a lot of previous experience", "I think so. I know a carer is doing her NVQ. She has told me about it as I am interested" and "Yes that's the impression I get. It's just the general feeling when I have spoken to carers and the office staff".

Care staff received the training they required to provide them with the skills to carry out their roles. Records showed that training was provided in areas such as safeguarding, medicines and food hygiene. Moving and handling training was provided online. If practical moving and handling was required, approved staff demonstrated the correct methods on a one to one basis. The registered provider told us they did not currently support anyone who needed to use a hoist.

The registered provider told us that new care staff worked towards the Care Certificate, which is a national set of standards for care work. This was confirmed by records and the staff we spoke with. Care staff also told us that they felt the training they received was sufficient and helped them in their roles. Feedback included, "They are good with training" and "I get the training I need".

Care staff told us that management was supportive and they had formal supervision meetings where they could discuss work issues and performance. One staff member said, "The office door is always open" and another commented, "Any issues or concerns the support is always there". Supervisions took place every two months and were recorded. In addition to these meetings, care staff had an annual appraisal with a manager. This was a formal meeting to review progress and discuss developmental needs and goals for the coming year.

New care staff were provided with an induction to help them settle into their role. This included training which the registered provider considered essential, as well as a period of shadowing more experienced carer staff on visits. The staff we spoke with confirmed this and said they did not work on their own until they had been assessed as competent by a manager. The registered provider explained that there was a three month induction period in which they tried to introduce the new care staff to all clients who received personal care. Most people we spoke with confirmed this. Comments included, "There have been a couple of carers who have come to shadow", and "They always come and introduce new carers to me". However, one person said that, "New carers come on their own but they tell you who they are".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care settings is called the Deprivation of Liberty Safeguards (DoLS) and can be legally authorised by the local authority. However, this is not relevant for people who receive domiciliary care in their own homes. This means any decision to deprive a person of their liberty in a domestic setting must be legally authorised by the Court of Protection.

The registered provider told us that no one was currently subject to any restrictions by the Court of Protection. They explained that all of the people they supported with personal care had capacity to make their own decisions, except for one person who had a Lasting Power of Attorney (LPA). Although the named LPA had signed the consent forms, there was no documented evidence of them being the legally authorised person. The registered provider agreed to look into this further.

All staff were trained in the MCA and had an awareness of their responsibilities under the Act. The people we spoke with confirmed that care staff sought their permission before carrying out care or some other task.

The provider told us that they were not directly responsible for making sure that people had sufficient amounts of food and drink. However, they did assist some people with food preparation and cooking. There were no people who required particular diets or support with eating and drinking. Records showed that one person was at risk from a severe allergy reaction to certain foods and this was detailed in their care plan. An 'Epipen' was to be used in an emergency and there were clear instructions for staff on how to use it. We spoke with this person who confirmed, "Yes they know I have allergies and know where my 'Epipen' is".

Care plans provided information about people's health needs and the support they required. There was evidence of the involvement of healthcare professionals, such as a district nurse or doctor, when required. Care records showed that staff were quick to liaise with health services when a concern had been identified. For example, when it was identified that a person was falling more frequently, a referral to the occupational therapist was made.

Is the service caring?

Our findings

We received positive comments about the service from all of the people we spoke with. Feedback included, "I would say very caring, very nice girls. They are nice and cheerful. It lifts you up a bit", "[Staff name] is kind. She always notices and asks how I am. If I am unsteady she won't leave me", and "They (care staff) are kind. I feel very comfortable with the carers. I can say anything to them". One of the relatives we spoke with told us, "Definitely caring. On her birthday the carer bought a cake".

The care staff we spoke with told us they tended to support the same people each week. This meant people were usually assisted by staff who were familiar to them. The people we spoke with confirmed this. Comments included, "They know me well and we have a laugh", "The carers do know what I like and don't like". Care plans supported positive relationships by detailing people's likes, dislikes and backgrounds. The registered provider also used a form for care staff to complete if they had any new knowledge of people. This was then shared with the rest of the team to support personalised care.

People were treated with dignity and respect. Comments from those we spoke with included, "Yes, I found them (care staff) so respectful", "[Care staff name] has a key to come in but always knocks on the door and shouts first", "When she (care staff) is in the bathroom with me, she still gives me my privacy" and "The attitude they show is of care, whatever they are doing. I don't feel uncomfortable in their presence".

Daily records written by care staff were respectful of the people they were about. Entries made reference to what was talked about and the person's mood, rather than just the care given. This showed that care staff saw people as individuals and had sufficient time to engage with them socially. We noted that there was a minimum call time of 30 minutes so that any care given did not have to be rushed and allowed time for conversation. The care staff we spoke with confirmed this.

People told us that there was good communication and they felt involved in their care. They knew what to expect from the service and were involved in any changes. There was frequent contact between the office, care staff and people who used the service. The registered provider took steps to communicate with people in a way they preferred. For example, one person with communication difficulties and dyslexia needed information in large print. This had been provided.

People confirmed they were encouraged to maintain their independence by the staff who supported them. One person told us, "They don't step in until I ask them to, which is what I prefer. It's not smothering which I would hate, if they see I am struggling they step in in a very casual way. They don't make me feel they are intruding. I am making it sound like they are angels which they are". A relative commented, "They encourage [Name], by asking her to help them".

The registered provider took account of any equality or diversity needs in relation to the people they supported. This was made clear in the information given to people at the start of the service. The aims and objectives of the service included the statement, "In the event of special needs and preferences of ethnic, cultural and religious groups, advice would be sought to enable Just Ask Domestic Services staff to meet

those needs". We talked with the registered provider about how they promoted diversity. They confirmed that if they identified a need related to equality or diversity they would discuss this at the assessment stage, and include in the care plan.

Is the service responsive?

Our findings

At our last inspection we rated this domain 'requires improvement'. We found that people's care plan information was not consistent. The provider submitted an action plan showing how they intended to improve in this area. At this inspection we found improvements had been made.

People received person centred care which was responsive to their needs. Before carrying out any care and support a senior staff member visited people to carry out an assessment of needs, to make sure the service was appropriate. This was confirmed by one person who told us, "I'm so glad I have moved to Just Ask. One of the managers came and had a chat with me. Got to know me and my family. Asked about my likes and dislikes and got to know me and wrote it in the book. From the first phone call I thought, wow, this is really good". Following the assessment process, senior staff developed a care plan.

Care plans focussed on how people's needs were to be met in line with their preferences. There was background information for each person which provided a brief personal history and gave staff an understanding of their character and personality. There was a clear description of the care tasks to be completed at each visit. The registered provider explained that care plans had been rewritten to make them more personalised and informative. Staff members told us that support plans contained sufficient detail for them to be confident in supporting people. Feedback included, "Care plans have a lot of information", "Care plans are good" and "Care plans are definitely clear".

Care plans were up to date and reviewed as necessary. Areas covered included health, personal care and medicines. People and their relatives were involved in reviews and that the service took appropriate action where changes in needs were identified. This was confirmed by most people we spoke with. One person told us, "Yes, they did come out after a month and they have rung me and asked how things are. I said I was happy" and a relative said, "I am involved in the care plan and had a review recently. They let me know what is in place and asked what I think. For example, they changed the care plan, as it is getting dark earlier and [Name] goes to bed earlier. They suggested that they make her tea call earlier". Not everyone could remember having a review, but records showed these had taken place.

The provider explained that because they operated a small service they were able to respond quickly to any urgent requests for support or changes in needs. As well as supporting people with care at home, the service helped people get out in the community, with shopping or attending appointments.

There was a complaints procedure was in place which also included details of the CQC and the local adult social services. The procedure had been rewritten since the last inspection and explained clearly how people could raise any concerns. There had been no complaints recorded since the last inspection.

People told us they knew how to make a complaint. Comments included, "I would contact the office but I have not needed to", "I know what to do. I haven't needed to make a complaint" and "I would contact the manager if I had any problems". One relative described how they had received a satisfactory response to a complaint. They said, "There was only one time I had a bad experience with a carer. I rang and complained

so they wouldn't send her again. They said it was unacceptable. They asked the carer to do a written statement and they haven't sent her back".

Is the service well-led?

Our findings

At our last inspection we rated this domain 'Inadequate' and identified a breach of regulations. There was a lack of complete and accurate records in relation to the care and support that people received. There was also a lack of systems in place to assess and monitor the quality of care they provided and a lack of consistent management and leadership. The registered provider submitted an action plan showing how they intended to improve in this area. At this inspection we found improvements had been made and the service was now meeting the regulations.

People told us it was a well led service. One person told us, "When I have spoken to the manager he is really nice. He rang to see how I was liking the service. He has spoken to me three or four times" and a relative commented, "Well run? Very much so. We were lucky it is a local firm and we have local carers". The staff we spoke with told us they were happy working for the registered provider and they were kept informed of changes and developments.

Since the service was registered two years ago, there had been a number of changes in manager and there had not been a registered manager in place for over a year. The current manager had recently started in post and had begun the process to register with the CQC. The registered provider explained that there had been difficulty in finding a suitably qualified and experienced manager. They were confident the new manager had the skills required.

Although we identified improvements with the management and governance of the service we have rated this domain as Requires Improvement due to the continued absence of a registered manager and the need to see sustained improvement in the leadership of the service.

The registered provider took an active role in the day to day operation of the service. They demonstrated a good knowledge of the people supported by the service. They were able to describe improvements which had been made since the last inspection as well as ideas and plans for the future. They spoke passionately about providing a community based service which met local people's needs.

The registered provider had a set of principles and values which they believed were essential to the service. These included, "To provide a level of service and care we would be happy for a family member to receive". The registered provider remarked, "We have a continuous conversation with staff about our values. We all share the same values". They explained this started at recruitment stage in selecting the right staff. We noted that there was a staff handbook which detailed the aims and principles of the service, with a focus on respect of the individual.

The registered provider had introduced a new system for auditing of the service. There were now processes in place to make sure that the quality of the service was monitored and action taken where improvements were required. The registered provider explained they had introduced a new care tracker application which all staff could access on their mobile phones. They felt this had improved the organisation and planning of care. Staff confirmed the application was useful and made communication easier.

The management team carried out a range of checks and audits to make sure standards were maintained. These included monthly checks of care notes, medicine records and accidents. We found that all the records we looked at were well maintained, up to date and stored appropriately. The registered provider had also rewritten policies and procedures which they considered essential. These included recruitment and complaints. The policies were clearer and easier to understand than we found at the last inspection.

We found that although there was improved monitoring of the service, there was not a clear definition of roles between the registered provider and manager. This meant the approach to quality monitoring was uncoordinated. We recommend the registered provider review responsibilities with the new manager so there are clear expectations for each of their roles.

We talked with the registered provider about how they sought feedback about the service from different stakeholders. They told us, "We are always asking what we could do better". They explained they had sent out questionnaires to people in February 2017 but only received one reply. They have now started using reviews as an opportunity for people and their relatives to give feedback and make suggestions. All the people we spoke with felt the service listened to their views and acted on their requests. One person told us, "They are very polite. They ask how I am feeling, how I am getting on and if there is anything needs changing".

The registered provider had sent out feedback questionnaires to staff in February 2017 and the feedback had been generally positive. They explained that because it was a small team of staff they had regular contact and frequently discussed how they were getting on. This was confirmed by the care staff we spoke with. The registered provider told us they had introduced an 'employee of the month', which was based on feedback they received from people who used the service. They said that this was a way to show their appreciation for the good work care staff did.

The registered provider told us they had good working relationships with North Yorkshire County Council (NYCC) and listened to any advice given to make improvements. We received feedback from NYCC quality monitoring team before the inspection. This showed they had also found improvements at the service and recognised a positive working relationship.