

Justco Ltd

JustCo Ltd t/a Home Instead Senior Care (East Cheshire)

Inspection report

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Cheshire
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Tel: 01625860992

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24 July 2019

26 July 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Justco Limited is a domiciliary care service providing personal care 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. At the time of the inspection the service was supporting 50 people.

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

People received an exceptionally caring service. Every person we spoke with throughout the inspection praised the quality of care. People felt supported and truly valued as individuals and believed staff genuinely cared. We heard words such as 'terrific', 'invaluable', 'genuine' and 'exemplary' being used to describe the service and staff.

People's care was exceptionally responsive. Care plans were extremely person centred and care plans were developed with people. These were flexible and people could change their care plans when they chose. People were supported by small and consistent teams who knew people extremely well and trusting relationships had been formed. We saw numerous examples where the staff had gone above and beyond to ensure people's emotional, leisure and cultural needs were met. We were consistently told that staff were sensitive and respectful when visiting people in their own homes.

There were numerous opportunities for people to access a wide range of social activities to reduce the risk of loneliness and isolation.

People were 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.

The service was well led and staff felt well supported by an open and honest culture with a clear focus on continuous improvement.

The provider worked with other professionals and organisations to share training and ensure positive outcomes for people.

The provider was also involved in a number of initiatives to improve people's wellbeing. These included providing advice and support to enable people to stay safe from the risk of scams and health promotion events to reduce the risks face by people of malnutrition. These initiatives were not restricted to people receiving care and were accessed by the wider community.

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

Rating at last inspection

The last rating for this service was good (last report published 05 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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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 completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Justco Limited is a domiciliary care agency. It provides personal care to people living in their own houses.

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 a short period of notice of the inspection. This was because we wanted to speak to people receiving care before visiting the office. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 July 2019 and ended on 26 July 2019. We visited the office location on 26 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 seven people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the provider (who was also the nominated individual), the registered manager, trainer and carers (known as care givers). The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke to a healthcare professional.

We reviewed a range of records. This included six people's care and medication 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 were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse and people felt safe with the care they received. One person told us, "I feel absolutely safe with them coming to the house. I trust them implicitly".
- Referrals had been made to the local authority safeguarding team when abuse had been suspected and robust investigations had been completed.
- Staff completed training in safeguarding, demonstrated a good awareness and understood the actions they must take if they felt someone was being harmed or abused.
- Staff were also aware of the whistleblowing process and stated that they would feel confident to raise concerns.

Assessing risk, safety monitoring and management

- People's needs were assessed. Risk assessments included risks within their home environment and identified specialist equipment people needed to keep them safe. One person told us, "They use a hoist to move me about and I feel perfectly safe in their capable hands".
- An on-call system was in place to ensure advice and support was available to people and staff out of hours.

Staffing and recruitment

- There were enough staff employed by the service to make sure that people always received their one-to-one support
- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they were offered a job.
- People confirmed they were supported by the same team of staff that knew them well and they could meet new staff before they provided support.
- People also told us staff were reliable and punctual. One person told us, "They are mostly on time and if for any reason they are going to be late the office rings to let us know. We are never left wondering where they are". Another person said, "Honestly in nine years I think they have missed one call and the carer was mortified and apologised".

Using medicines safely

- Medication was managed safely. The support people needed was clearly written in care plans and medication was only administered by care staff who had the correct training to do so.
- People felt safe in the support they received to take their medication.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections. Staff used personal protective equipment (PPE) such as gloves and aprons. People confirmed that staff always used these when providing care.
- Staff had access to infection control training and a policy to support them in their role.

Learning lessons when things go wrong

- Staff demonstrated that they understood how to respond, record and report incidents and accidents safely.
- There was a robust system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed on a regular basis by the registered manager which enabled them to analyse trends.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was working within the principles of the MCA.
- People confirmed they only received care and support with their consent. One person told us, "They are always asking me what I want and whether it's okay to do things for me. They never take things for granted". A relative also told us, "They are very respectful towards [name] and always ask for permission to do things".
- People had signed their care plans to confirm they agreed with the care they would receive and, where people had appointed a Power of Attorney, this was clearly recorded.
- Where concerns arose about a person's capacity to give consent or make a choice, care records contained assessments of capacity and the outcome of any decisions made in a person's best interests.

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

- People's needs were assessed before they received a service. This information was used to develop care plans and risk assessments.
- People, relatives and healthcare professionals were involved in the assessment and planning of people's care.

Staff support: induction, training, skills and experience

- Staff received the necessary training to do their job and staff spoke positively of the training they received.
- Additional training opportunities were clearly displayed in the office and one staff confirmed that they could request training they were interested in.
- New staff were supported to complete an induction process which was aligned to the principles of the care certificate, which is a nationally recognised health and social care induction.
- Staff also received an appropriate level of support for their role through regular supervision and appraisal. During supervision, the knowledge of staff was regularly assessed in key subjects including medication,

safeguarding and MCA.

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

- The registered manager worked consistently with other agencies. For example, we saw professional healthcare input in care plans and staff worked closely with other services including the local memory clinic, district nurses, occupational therapy and speech and language therapists to ensure people received effective and timely care.
- People confirmed that they were supported to access the GP and relatives told us they were kept informed if a person was ill.

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

- Staff were aware of people's nutritional needs and information was clear within care plans.
- People told us they were happy with the care they received. One person told us, "They do ready meals for me or they will make things with fresh food so I get plenty to eat and drink".

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a very strong, person-centred culture throughout the service. The staff were highly motivated and spoke about people with genuine affection and compassion. One staff member described their job as a 'privilege', and "It's a massive responsibility and we get to know our clients". Another said, "I love helping people and love it when you leave and they are smiling".
- Staff had built open and honest relationships with people and their families. One person described staff as, "Like friends popping into the house".
- We asked people if they felt they were treated with respect. One person told us, "Absolutely they treat me with respect I wouldn't have it any other way. They take the time to sit with me and listen to what I have to say. I think they are great". We were also told, "I particularly like the fact I can have a talk with them and we have a wide ranging list of discussions". Another person said, "They are with me for a couple of hours so they get everything done that I need and I don't feel rushed".
- Relatives also praised staff for the care they provided to their family members. One told us, "They go the extra mile, they are extremely helpful and provide excellent care for my [relative]. At first [name] was unsure about getting help but [name] has got used to it and [name] enjoys them going round".
- We saw examples of how staff went the extra mile through stories in their newsletter. Staff helped one person rehome their pet as they could no longer care for it. The registered manager ensured the person received photographs and updates so they knew it was well looked after.
- There were a large amount of complimentary letters and cards and we read examples acknowledging gifts staff had made and sourced for people's birthdays. This included a 'twiddle blanket' for a person living with dementia. The person's relative stated how much the person enjoyed the gift.
- Staff considered people's protected characteristics under the Equality Act 2010. Religious and cultural needs were respected and clearly documented in care plans.

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

- People (and their relatives) were fully involved in all decisions about the care and support they received. One person told us, "We are happy for them to continue as they are doing. We have no complaints because they are so helpful, not pushy, they have a good balance. They will ask what we want or wait for us to initiate things and them coming to the house is a nice way to start the day".
- People received a visit from the registered manager before receiving a service. This enabled them to discuss their planned care and establish any specific needs or wishes.
- This information was used to develop extremely detailed and personalised care plans. We read examples where one person requested staff remove their shoes when entering the house and another where the

person didn't want staff to clean particular items of furniture.

- People could choose their staff team through meetings and were able to express preferences on gender.
- Following the initial care visit, people were contacted to establish if any changes were needed and this followed with a regular planned review of care.

Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy and dignity was at the heart of the service's culture and people confirmed this. One person told us, "They come into the house and are very friendly but never intrusive". Another person said, "They don't give the feeling they are in charge and are not intrusive. They just fit into our life easily and it has transformed our lives by them doing things for us we can no longer do or have difficulty with".
- Staff also encouraged people to do as much as they could for themselves and were sensitive and respectful of people's emotional needs. One staff told us, "I have just been to a [person] in early stages of dementia. [Name] is depressed and doesn't want to do anything. I have engaged [name] into helping tidy up and do dishes, spent leisure time with [name] and read the paper with [name]."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff were particularly creative in ensuring people's social and cultural interests were being met. One person expressed an interest in visiting the Imperial War Museum. This was based on their occupation as a bomber during World War 2. Staff consulted with the person and family members and contacted the museum before the trip to ensure the person had the best possible experience. This prompted significant memories for the person which they were able to share with their family following the trip using the photographs that were taken.
- Staff had also identified the risk of loneliness and isolation experienced by one person with failing eyesight who was no longer able to read written text. This had resulted in this previously very active person to experience low mood. They supported the person to purchase an interactive smart speaker enabling them to interact with the technology to listen to their favourite music, ask questions of interest and even to learn to speak a foreign language.
- The provider published a local 'What's on Where' guide. This was a list of different community groups, clubs and associations provided to people to encourage participation. We saw people used this information to pursue their leisure interests including luncheon clubs and art classes and the service adapted care packages to accommodate this.
- The provider also arranged social events throughout the year for people receiving care, their relatives and staff to attend. This was a further opportunity for people to engage with others and access the wider community.

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

- Care plans were extremely personalised and reviewed in response to changes in need or at the request of people. Plans captured detailed information about people's personal histories and preferences. This helped staff to understand people extremely well and be sensitive to cultural and religious beliefs.
- Without exception, we heard about the positive impact the service people received had made. One person said, "They are a great group of people and they deserve all the accolades attributed to them. They care about us all as a family, and it's because of them, [name] is able to stay at home which is what [name] wants". Another described the service as, "A wonderful bridge between us staying independent and staying in our own home. We are able to manage at home with their help. They make the beginning of our day a wonderful one".
- Professional's involved in people's care also praised the service for providing person centred care. One told us, "The carers are great. They anticipate [name] needs and manage [name] skin very well. Staff will

take any advice on board and [name] is lucky to have such a good care package".

- Staff were kept informed by the registered manager when changes were made to ensure the appropriate care was being provided.

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.

- The communication needs were thoroughly assessed and reflected within care plans.
- The service was creative when developing information. For example, newsletters were provided in audio and large print for people who experienced sensory loss. This enabled people to get involved in activities which would support them to lead fulfilled and as independent lives as possible.
- Information was also available in alternative formats upon request.

End of life care and support

- The registered manager and directors had been integral in identifying a need for and developing bespoke end of life care training across a network of Home Instead branches. This training was available for all staff.
- The service was not currently supporting anyone with end of life care however, where appropriate, care files in people's homes contained information where people had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in place so staff could provide the appropriate response to people in an emergency health situation to ensure peoples wishes were upheld.

Improving care quality in response to complaints or concerns

- Everybody we spoke with spoke positively about the service and told us they had no reason to complain. One person told us, "We have no concerns about the people who come to the house and we have nothing to complain about". Another said, "Overall they are absolutely perfect. I cannot think of any room for improvement they are a great help".
- The registered manager had a positive approach and a robust system in place for recording complaints. We saw that no formal complaints had been received however there was a detailed record of any minor issues which included a record of actions taken. We also saw that feedback was provided on each occasion.
- Information was widely available informing people of the complaints process.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us that the service was well led. One relative said, "The company are absolutely exemplary. Communications are good. The family have met the staff and appreciate the help they provide and it gives us confidence that [name] is being well looked after".
- Another relative told us, "[The nominated individual and registered manager] are super they go the extra mile to help in any way they can to assist the family and my father".
- Staff were fully aware of the culture, vision and values of the service. This was evident throughout the inspection and people receiving a service confirmed this. One person told us, "I don't think there is a better service anywhere. We would trust them to do anything".
- The provider recognised the achievements of staff through 'Caregiver of the year' awards. There were also systems in place to support staff through personal difficulties, enable staff to access discounted services as well as to reward long service and good attendance. This meant staff felt valued. When asked about their experience of working for the provider, one staff told us, 'I just love it'. Another staff said, "I knew I wanted outstanding care in a place where I worked. I wouldn't be here so long if I didn't believe this".

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

- There was a strong framework of governance underpinning the service. This consisted of robust audit processes including stringent franchise standards that were regularly monitored and reviewed. People confirmed that these audits were completed. One person told us, "The office come out and do spot checks on the staff to see that they are doing the job properly and that we are satisfied with the service they provide and whether we want anything done differently".
- Audits and other checks completed by the registered manager were effective in identifying and driving improvements.
- There was a plan for continuous improvement in place and we were told there were further improvements in development, such as the introduction of electronic medication records which would minimise the risk of errors, accredited dementia training for staff and the introduction of additional technology to assist people to keep in touch with their loved one.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.

- The most recent CQC rating was clearly displayed in the office as well as the provider's website.

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

- The provider worked to engage with people and the wider community. They published a Client newsletter which was an opportunity to share successes and advertised opportunities for people receiving support and to become involved. Recent initiatives included a 'Stay Nourished' event which took place at a local restaurant to highlight the risks of malnutrition, and the provider has been a key figure in the promotion of fraud and scam awareness through partnership events where people could receive advice and support to stay safe in their own homes. These events were also open to the wider community.
- The registered manager also told us she was particular proud of other initiatives that supported the local community including training events to support loved ones of those living with dementia and also sponsorship of a local children's football team.
- People confirmed that they were encouraged to offer feedback about the service through regular contact and questionnaires. One person said, "I have had a few questionnaires and I fill them in and send them back. I always give them a good mark".
- Staff were engaged and motivated and felt value in team meetings where they felt there was an open and honest culture to share their views and feel they are listened to.
- The registered manager worked closely with external professionals to ensure consistently good outcomes were achieved for people.