MJSGBig5RewardsHealthcare Limited

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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?	Good

Summary of findings

Overall summary

This announced inspection took place at the provider's office on 03 November 2017 with phone calls undertaken to people with experience of the service on 07 November 2017. This was our first inspection of the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults. At the time of our inspection six people were receiving personal care from the provider.

The service had a registered 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.

Records available in people's homes provided guidance about how risks to people should be managed and monitored to ensure their safety. Training was provided to care staff about how to identify and protect people from any potential abuse they may experience. People benefitted from consistency in the care staff that supported them who arrived on time and stayed for the correct amount of time. Care staff provided support and care to people that protected them from the spread of infection.

People's needs were fully assessed and all aspects of how their health and well-being should be met were considered. Care staff had the skills and knowledge required to support people effectively. Care staff were able to access support at any time if they needed to and also had planned supervision provided. People's consent was sought before care staff supported or provided them with any assistance. People received appropriate support to ensure they ate and drank adequately. Referrals to relevant healthcare services were made as required when changes to health or wellbeing were identified.

People were supported by care staff with care and compassion. Care staff supported the same people regularly and had knowledge of people's individual needs. The provider was willing to work around barriers to ensure people received the care they needed. Care staff were respectful and people were supported with their privacy and dignity in mind. People were provided with suitable information about the service and were supported with their individual communication needs.

People's needs had been assessed prior to them starting to use the service to ensure the provider and care staff were able to meet these. The provider was keen to support and meet people's personalised needs. Care staff were provided with the most up to date information about people in order to provide the care and support they needed in line with their preferences. People were involved in review meetings and in making decisions about their care. The provider was flexible and accommodating if people needed to change the time of a call. People knew how to make a complaint.

People were happy with the standard of care that they received. People, relatives and care staff were confident about the leadership and management of the service. People's care records were reviewed and effective action was taken as required when their needs changed or health issues were identified. The provider worked in partnership with other agencies to get the best outcomes for people using the service. Staff understood what they would do if they learnt of or witnessed bad practice and how they would report any concerns. The provider was keen to actively involve people to express their views about the service provided. The registered manager understood how incidents needed to be investigated fully and reported where appropriate to external bodies.

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 were supported by care staff to remain safe.

Care staff protected people from the spread of infection.

People had consistency in the care staff that supported them.

Is the service effective?

Good

The service was effective.

People's consent was sought before care staff supported them.

People were supported when required to access healthcare to meet their needs.

Care staff were able to access support at any time if they needed to and also had planned supervision provided.

Is the service caring?

Good

The service was caring.

Care staff were respectful and people were supported with their privacy and dignity in mind.

People were provided with suitable information about the service and were supported with their individual communication needs.

Is the service responsive?

Good

The service was responsive.

People received a personalised service that was responsive to their needs.

People were provided with information which detailed how to make a complaint.

People were involved in reviewing their care and support needs.

Is the service well-led?

Good

The service was well-led.

The provider was keen to actively involve people to express their views about the service provided.

The provider worked in partnership with other agencies to get the best outcomes for people using the service.

The registered manager understood how incidents needed to be investigated fully and reported where appropriate to external bodies.

People, relatives and care staff were confident about the leadership and management of the service.

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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 announced inspection took place at the provider's office base on 03 November 2017 with phone calls undertaken to people with experience of the service on 07 November 2017. The provider had 48 hours' notice that an inspection would take place so we could ensure they would be available to answer any questions we had and provide the information that we needed. The inspection of the service was undertaken by one inspector.

Due to technical problems, the provider had not completed a 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 took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service including any notifications of incidents that the provider had sent to us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with two people who used the service and three relatives who had regular contact with the care agency and their staff. We also spoke with a social care professional from the local authority, one care staff

member and the registered manager.

We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to two people by reviewing their care records. We reviewed three recruitment files and the range of systems that were in place to monitor the effectiveness of the service which included feedback from people that had been sought.

Good

Is the service safe?

Our findings

In discussions we had with people they said they felt safe. A relative said, "I know [person's name] feels safe, otherwise she wouldn't let the carers in". Care records we reviewed guided care staff about how they should be aware of any risks within the environment and how to ensure people should be supported to remain safe within it. A care staff member said, "I look around and think about health and safety issues in the home such as trip hazards and obstacles to make sure people are safe".

Care staff were able to describe the procedures they would follow if they witnessed or suspected that a person was being abused or harmed in anyway. A care staff member said, "If I had concerns about someone I cared for I would make sure they were safe and then either call my manager or the local authority". The registered manager was able to demonstrate they had a working knowledge of how they would report and make any necessary referrals in relation to safeguarding concerns; they were also aware that people should be offered an advocate to support them if required. Training was provided to care staff about how to identify and protect people from any potential abuse they may experience.

People had been involved in assessing any risks relating to their care, including making adjustments and additions for the care staff to adhere to. A relative said, "It [care provision] works really well, they [care staff] have managed to get the equipment [person's name] needs in place". Care staff were able to discuss how they ensured people's safety was maintained in a variety of ways for example, by monitoring people's nutritional intake. A care staff member said, "I make sure people have eaten and drank enough and check for example, if they have had their insulin [medicine for diabetes]". The care staff member spoken with confirmed the records available in people's homes contained sufficient levels of guidance about any risks people needed protecting from. The care records we reviewed included assessments of people's health and welfare needs and we found these had been reviewed and updated as necessary.

The provider further supported people to receive safe care through their recruitment and selection processes, by ensuring all the required checks were completed before new staff began work. This included checks on criminal records, references, employment history and proof of identity.

People and their relatives said they had always been able to rely on the agency to attend as agreed. One person said, "They [care staff] are on time and wait in the car outside sometimes as they are often a bit early". A relative said, "They [care staff] are always on time and it's consistently the same carers who come". Another relative said, "They [care staff] turn up on time and stay for the right amount of time". The registered manager informed us the number of care staff required to support people was assessed based on their identified needs and requests. This meant that people benefitted from consistency in the care staff that supported them.

Care staff told us that they had received training in how to protect people from the spread of infection, for example through hand washing and the use of personal protective equipment. People and their relatives confirmed they observed that care staff followed appropriate infection control and prevention practice, for example using personal protection equipment [PPE] when providing support.

No one using the service required assistance with medicines at the time of the inspection. The registered manager was trained to support people with medicines and they told us that as the service grew they intended to acquire training for all care staff in relation to medicine administration.

Good

Is the service effective?

Our findings

People's needs were fully assessed and the provider considered all aspects of how people's health and well-being should be met. Records we reviewed contained information about what was important to people and identified areas where peoples health and well-being could be better supported. For example, the registered manager had liaised with social services to acquire assistive technology to support and maintain one person's independence. A social care professional told us, "They [care staff] have been good at highlighting areas where [person's name] needed additional equipment".

Care staff had the skills and knowledge required to support people effectively. A person told us, "I have no complaints about the care they give me". A relative said, "[Person's name] is well looked after by the carers". Care staff we spoke with demonstrated they had a good level of skills and knowledge and we saw they had completed an appropriate level of training. A care staff member said, "I get lots of support and have completed all the necessary training so I feel confident to do my job". The registered manager frequently worked alongside care staff and told us they were able to assess their effectiveness by observing their conduct, approach towards people and competence in the tasks undertaken, including using any equipment.

Care staff told us that they had received an induction that included completing basic training, reviewing the provider's policies and procedures, reading people's care records and shadowing the registered manager. A care staff member said, "We have meetings to discuss the challenges we have faced when supporting people, and how we can work better with people and keep on improving". The registered manager demonstrated how they supported their employees through regular formal supervision and meetings. Care staff told us that they could access support at any time if they needed to.

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.

People and relatives told us that care staff sought consent before supporting or providing any assistance. A care staff member said, "I always get consent and talk people through what I am going to do so I know they are happy for me to carry on". We saw the training care staff had received provided them with an overview of the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS]. Care staff spoken with had an understanding of MCA and DoLS and how this related to how they sought consent before supporting people; their description of how they supported people was in line with the principles of MCA.

People received appropriate support to ensure they ate and drank adequately. Care records included information about people's likes and dislikes and how they should be assisted. Specialist dietary needs were recorded and care staff were able to talk to us about the needs of the people they regularly supported. Care

staff had been provided with food hygiene training.

A relative said, "They [care staff] look after [person's name] well, they have never been so well, it's the best [person] has ever been". People, who were able, made their own healthcare appointments by themselves with assistance from their relative or friends or were supported by care staff. The registered manager confirmed referrals to relevant healthcare services were made as required when changes to health or wellbeing was identified. For example we saw that support had been acquired from a continence nurse and district nurse to help maintain and support healthy skin for people.

Good

Is the service caring?

Our findings

People were supported by staff who were described as 'friendly' and 'caring'. Relatives spoken with echoed the positive feedback, with one relative telling us, "I don't have one bad word to say about them [care staff], they care for [person's name] so well". A social professional described how the care staff had 'worked hard to build a relationship' with one person and described care staff as 'compassionate'.

A relative said, "The carers know [person's name] really well and they trust them now, as its consistent what carer comes". We saw that care staff were where possible allocated to the same people and this was generally achieved as the service was only caring for a small number of people. Care staff also confirmed that they supported the same people regularly and we found their knowledge of people's individual needs reflected this. The registered manager told us, "For one person having the same care staff supporting them has reduced their level of fear and confusion and they are now more accepting of care because of this". This meant that people received support from the same small number of care staff who knew their needs well.

The registered manager and care staff we spoke with understood the importance of delivering good quality care to people who used the service. A care staff member said, "We listen to people and if they raise any issues, I report these and the manager acts straight away". We saw evidence of how the provider was willing to work around barriers presented in providing people with the care they needed. For example, one person required calls to fit around their work which required calls very early in the morning and others late into the evening, and these were accommodated.

People and relatives spoken with told us that their experience was that care staff were respectful and care was provided with privacy and dignity in mind. A persons testimony at their review meeting stated, 'The carer tells me what they are doing and asks me before they do it and talks to me about how I feel everyday'. Care staff spoken with recognised the importance of ensuring people's dignity was maintained. A care staff member described how they supported people in a dignified manner saying, "When I provide personal care, I ensure the doors and curtains are closed, talk to the person throughout and provide care how the person likes it done".

Personal profiles in people's care records reflected their choices in relation to religious and cultural requirements. This enabled care staff to support people's individual and personalised requirements, where required.

People were provided with suitable information about the service. The information outlined what standards people could expect from the service and the way their support would be provided. Local advocacy services contact numbers and information were not provided to people in the 'service user guide' made available by the agency to people. The registered manager was aware how to access advocacy support for people and agreed to add and update their documentation to include this. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Good

Is the service responsive?

Our findings

People and their relatives told us that before they started using the service the registered manager came and talked to them about what they needed support with and how they wanted this help to be provided. A care staff member said, "We meet with people and introduce ourselves and tell them our values as a company and how it runs". Care records we looked at showed that people's needs had been assessed prior to them starting to use the service and the information was used to develop their plans of care.

Care plans provided care staff with information about the person, their needs, lifestyle choices and cultural needs, for example the gender of care staff they preferred to provide their support. The registered manager had identified an unmet religious need for one person; they had enabled and supported the person to access their local church and also to receive communion at home. This demonstrated the provider's ability to support and meet people's personalised needs.

A relative said, "It [care provision] all runs so perfectly, [person's name] knows and gets on with them [care staff] really well". We saw people's care records included information about their likes and dislikes and preferences with regard to how they wanted their care and support provided. They also included the areas of care that care staff were required to support people with on each visit and these had been reviewed regularly and updated as necessary. This meant that care staff had the most up to date information they needed in order to provide the care and support that people needed in line with their preferences.

People and their relatives told us that a care plan was kept in their home with the records that care staff filled out each time they visited. We saw that review meetings including people and relatives where appropriate, took place regularly. Relatives told us they and their family member had been involved in review meetings with the registered manager. A relative said, "We have had a couple of review meetings to make sure it's all working out".

People told us that the care staff were accommodating and that if they needed to change the time of a call because of other commitments, they would usually manage to do this without any fuss. The relative of a person using the service told us, "They [the provider] are flexible enough when we need to change the time of the calls".

People's individual requirements in relation to their communication needs had been identified. For example, care plans described how care staff should support people with their individual needs such as fitting hearing aids or how to ensure people could lip read when speaking with them.

No one we spoke with had made any formal complaints, but they all knew how to and told us that if there were any issues they felt sure they would be listened to and resolved. We spoke with one person who raised a complaint with us about a member of care staff which we shared with the registered manager. A short while after our inspection we received feedback from the registered manager about how they were dealing with and planning to resolve this compliant.

Information was made available to people about how to make a complaint in the 'service user guide'. This contained information about the provider's policy and procedure for raising a concern or complaint, which included information as to how complaints would be handled and could be made available in other accessible formats. Care staff spoken with were clear about how they should direct and/or support people to make a complaint.

Good

Is the service well-led?

Our findings

People and their relatives told us they would recommend the service to others and were happy with the standard of care that they received. One relative told us, "Its brilliant and we are very pleased with the service". Another relative said, "They [care staff] are fantastic, I would recommend them 150 per cent. They don't get paid enough for all they do".

The registered manager was aware of their responsibilities for submitting notifications about certain incidents/occurrences that happened at the service to the Care Quality Commission [CQC]. The registered manager demonstrated to us that they had the knowledge and skills to develop and deliver the service and were keen to continuously improve. People and relatives spoken with knew or had met the registered manager and clearly had confidence in their leadership abilities. Care staff were confident about the leadership and management of the service; they went on to tell us the registered manager was available if they had any concerns about people's welfare and they were proactive in providing guidance when needed.

People and relatives told us they were comfortable speaking to the registered manager and were happy to discuss any concerns they may have. A relative told us they had frequent communication with the registered manager and they liked the fact that it was a small organisation that made the service more personalised.

We saw that some checks and audits were being undertaken to assess and monitor the effectiveness and quality of the service provided. Other audits were ready to be implemented and were planned to be actioned as the service expanded sufficiently or as time dictated. People's care records were reviewed and effective action was taken as required when their needs changed or health issues were identified.

From the feedback we received it was clear the provider worked well and in partnership with other agencies to get the best outcomes for people using the service. A relative said, "They [care staff] have raised some issues and a meeting is being held about [person's name] with their social worker". A healthcare professional we spoke with told us, "They [care staff] are good at flagging up any issues that come up, such as a fall that [person's name] had, which they informed me about". The service had only been fully operational with people for a short while and had not had any incidents occur. From our discussions with the registered manager we were assured they understood how incidents needed to be investigated fully and reported in some instances to external bodies.

Care staff gave a good account of what they would do if they learnt of or witnessed bad practice and how they would report any concerns. The provider had a whistle blowing policy which care staff were aware of and knew how to access.

We saw that the registered manager was often involved in care delivery themselves which enabled them to have a good understanding of the needs of the people who used the service. This also provided the opportunity to hear about the standard of care people received. A 'service user evaluation' was periodically conducted by the registered manager with people in their home to gain their thoughts and feedback; questions asked included what was their experience of care staff conduct and whether they were treated

with respect. We reviewed the forms completed to date and they all contained only positive comments. This meant that the provider was keen to actively involve people to express their views about the service provided.

Care staff told us they were well supported and were able to speak openly to the registered manager and at meetings they were encouraged to give their honest opinions. A care staff member told us that in meetings the registered manager revisited expected company standards of conduct and their expectations of them.