

J & M Care Limited

# SuffolkHomeCare

## Inspection report

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Date of inspection visit:  
20 June 2018  
26 June 2018

Date of publication:  
13 September 2018

## 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

At the last comprehensive inspection of 20 May 2015, the service had an overall rating of 'Good'. The responsive section of the report was rated as 'Requires Improvement'. This was because the service could not provide at the time of the inspection a complaints log or sufficient information about raised complaints. The registered manager was on leave and the senior staff were unable to access the complaints log.

At this announced inspection on 20 June 2018, we found the service remained 'Good'. The complaints log we found to be up to date and senior staff were able to access information about complaints. The service was only sending one member of staff to provide care on occasions when two staff were required. Hence the management rating has deteriorated to requires improvement in the well-led section but this does not change the overall rating

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last comprehensive inspection.

The service provides support to people in their own home. At the time of our inspection the service was supporting 140 people.

People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. Staff had a good understanding of what safeguarding meant and the procedures for reporting any issues of harm to people. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by the registered manager. Staffing levels were sufficient to fulfil arranged visits to people and meet their needs other than possibly up to six people that were being reassessed regarding the number of staff needed to support them at each visit. No harm had come to people when one staff member came instead of two staff and we understood in some cases family members had assisted. The staff recruitment procedures ensured that appropriate pre-employment checks were completed to ensure only suitable staff worked at the service.

The processes in place for managing medicines ensured that the administration and handling of medicines was suitable for the people who used the service. Staff were trained in infection control, and supplied with appropriate personal protective equipment (PPE) to perform their roles safely. Arrangements were in place for the service to reflect and learn from complaints and incidents to improve safety across the service.

People's needs were assessed and their care was provided by staff that had received training and were supported in their roles through supervision. Staff supported people with dietary choices when identified to maintain their health and well-being. Staff supported people to attend appointments with healthcare professionals and worked in partnership with other organisations to ensure that people received the required support.

People's consent was sought before any care was provided and the requirements of the Mental Capacity Act

2005 were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice

Staff treated people with care and empathy, People were happy with the way that staff provided their care and support. People were listened to, their views were acknowledged and acted upon and care and support was delivered in accordance with their assessed needs and wishes. Records showed that people were involved in the assessment process and their on-going care reviews.

The service worked in partnership with other agencies to ensure quality of care across all levels. People, relatives and staff were encouraged to provide feedback about the service. The registered manager carried out a number of audits and acted upon the feedback to develop the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service has improved to Good.</p> <p>The complaints system was up to date with outcomes for each complaint and maintained by the registered manager supported by senior staff.</p> <p>Each person had a personalised assessment of their needs.</p> <p>The service had supported people with other services with their support needs at the end of their life's.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service has deteriorated to requires improvement</p> <p>Two staff had not always attended to provide care to people as per the requirements of the care plan and only one member of staff had attended, The management staff had not reported this to the Local Authority.</p>	<p><b>Requires Improvement</b> ●</p>

# SuffolkHomeCare

## 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 comprehensive inspection was announced and took place on 20 June 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to arrange telephone calls and visits to people using the service. The inspection was carried out by two inspectors, one assistant inspector and two experts 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.

On 20 June one inspector visited five people using the service in their own homes. Another inspector and the assistant inspector visited the office and spoke with the registered manager and five members of staff. Over the next week the experts by experience spoke with fourteen people and three relatives by telephone to learn about their experiences of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We looked at the care records belonging to ten people who used the service. We also looked at other information relation to the management of the service. This included five staff recruitment records, staff training records and supervision and appraisal schedules. We also looked at policies and procedures and records relating to safeguarding, complaints and quality assurance monitoring records.

## Is the service safe?

### Our findings

At our last inspection of 20 May 2015, the key question Safe was rated good. At this inspection we found Safe remained good.

People we spoke with told us the staff supported them safely. One person told us, "I usually have the same two members of staff and that makes me feel safe." A relative told us, "They come four times a day and I could not manage without them." All the staff we spoke with had a good understanding of safeguarding procedures, and knew how to report concerns. The staff we spoke with told us and we saw from records that all staff had received training within this area.

Each person had a risk assessment which was reviewed as necessary to inform staff how to care for the person and to keep them safe. We saw that information regarding catheter care had been carefully documented in the person's care plan.

One person informed us the staff came on time and always stayed for the full length of the arranged visits and never left early. One person told us, "Some come later than others but I do not mind, they are always here half an hour either way of the agreed time."

Some people had been assessed as requiring two staff to support them and this information was in their care plans and understood to be the case by the Local Authority. However on occasions only one member of staff came to support them. No harm had come to the people concerned. We understood that sometimes family members had stood in for the absent second member of staff. The Local Authority having placed people with the service were reviewing the care needs to determine if the people concerned required one to two members of staff to support them.

All staff had undergone a Disclosure and Barring Service (DBS) check and obtained references before starting employment. The staff we spoke with were all happy that there were enough staff working at the service to fulfil the care visits. A member of staff informed us that in the past covering weekends was difficult due to staff sickness but this was addressed by the registered manager. This was confirmed by the registered manager when we spoke with them.

The service safely supported people with the administration of medicines. One person told us, "I only take it once a day in the morning. The staff get it ready for me and check I have taken it." We saw this information had been recorded correctly on the person's Medicine Administration Record (MAR). Relatives we spoke with confirmed that their family members received support from staff and they were happy that it was done safely. The staff completed medicine training when they joined the service and this was updated yearly.

People were protected by the prevention and control of infection. We saw that the office location was stocked with personal protective equipment for staff to collect. The staff we spoke with confirmed they received the equipment and training they required to control the spread of infection.

We saw that staff members were aware of the need to record any accidents and incidents and share the information with senior staff and the rest of the team. The registered manager informed us they discussed with the senior team of co-coordinators and their manager to learn lessons and look at improvements to the service. A recent example was how the service coped to ensure that all people received a visit during the recent bad weather and how this had involved staff working together to minimise travelling.

## Is the service effective?

### Our findings

At our last inspection of 20 May 2015, the key question Effective was rated good. At this inspection we found Effective remained good.

People's care was effectively assessed to identify the support they required. This provided staff with information that guided them to deliver effective care that met people's needs.

Staff had the skills and knowledge to support people effectively. A relative told us, "The staff are confident and all of the information is in the care plan." The staff we spoke with felt that training enabled them to confidently carry out their roles. One staff member told us, "The training is very good and before I started caring on my own I went out with an experienced member of staff. If I ever had any concerns I would ring the office for advice." Another member of staff informed us they had received a lot of training including how to use the hoist. We saw there was a record of the training staff completed once they joined the service and then of on-going training.

One member of staff told us, "I have regular supervision and an appraisal every year." They also informed us that they had a spot check. This is when unbeknown to the staff member a senior member of staff will come to observe their practice with the permission of the person using the service. We saw that spot check were arranged and records were kept of the feedback provided to the member of staff.

Each person's support plan included if they required any assistance with eating and drinking and meal preparation. Those people requiring this support recorded their preferences and dislikes in order for the staff to support them with snacks and meals of their choice. A member of staff informed us if they were concerned about a person's diet they would consult a senior member of staff and would commence a food and drink diary into the support plan to monitor the person's daily intake. Another member of staff informed us that they worked with the person to check their fridge and kitchen cupboards every week and carefully noted anything that was thrown away as being out of date. They told us, "Although I only prepare one meal per day by this stock check we can monitor how the person is eating for the rest of the time."

People's records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example GP's. Some people were able to manage their healthcare independently or with support from their relatives. Some people did require more support and the service staff worked with them to ensure they could attend appointments.

We checked whether the service was working within the principles of the Mental Capacity Act 2015 (MCA) and they were. The 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. In domiciliary care settings this is under the Court of Protection. Relatives told us that staff sought their consent before carrying out any care and we saw this promoted in the care plans that we viewed.

The service had provided training to staff about the MCA. We found some staff were knowledgeable where as others were not so sure particularly with regard to best interest meetings. We discussed this with the registered manager and they informed us that they would arrange additional training for all staff regarding the MCA.

## Is the service caring?

### Our findings

At our last inspection of 20 May 2015, the key question Caring was rated good. At this inspection we found Caring remained good.

People told us the staff were kind and caring to them. One person told us, "Caring, oh yes, most definitely. They even fold my clothing the way I like it done." Another person told us, "They are all caring and one in particular always cheers me up."

One person told us, "They do respect my choice. A previous service regularly sent male staff so I stopped using them as I wanted female staff. These (SuffolkHomeCare) are fine and know that I only want female carers."

The staff we spoke with felt like they were able to get to know people and develop positive relationships as they were regularly working with the same people. One staff member informed us that they had worked with a person regularly and saw that their health was deteriorating and the toll this was having upon their family. They discussed this with the registered manager and some respite care was arranged with the local authority for the person to support the family. They told us "I was concerned for the person and also their family."

People were able to express their views and be involved in their own care. One person told us, "Everything is written down in the care plan. They asked me for my thoughts and views." The staff we spoke with said they involved people in their own care as much as possible and regularly communicated with people's family when required. We saw that people's files were regularly reviewed and contained information that was gathered from people themselves and their family members. A member of staff informed us that one person was always very quiet and somewhat reserved and they were concerned if they were content with the care. They explained that they found that they had a lot in common as each had served in the forces and once this was established the person engaged a great deal more with them. The staff member explained, "I think this only happened because we had the time to talk together and find something in common."

Relatives confirmed that the staff respected people's privacy and dignity when providing care. The care plans we saw listed the person's care needs in a way that reminded staff to respect people's dignity, remembering the things that they could do for themselves and what their preferences were. The time and length of the visit was allocated. Staff informed us that if they ever struggled to provide the care in the time allocated they were encouraged to speak with the registered manager. This was to determine if more time could be allocated to provide a caring service which respected the person.

People had signed to confirm they agreed to the package of care and support to be provided. This included information regarding how data held about people was stored and used. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work.

## Is the service responsive?

### Our findings

At our last inspection of 20 May 2015, the key question Responsive was rated Requires Improvement. At this inspection we found Responsive has improved to good.

At our last inspection we found the senior staff while the manager was on leave were unable to access the complaints log and update us upon the situation regarding complaints. The registered manager upon their return from leave took action so that the complaints log was available to senior staff for their knowledge and so that they could update the log and individual complaints.

We discussed people's complaints and concerns which had been brought to our attention with the registered manager at this inspection. The registered manager had recorded information and explained how matters had been resolved to all parties satisfaction and how the service had learned lesson to improve the service.

People and their families knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One relative told us, "No complaints, it is all very good." Another person told us, "The worst thing is the fact that I need to use the service in the first place. However, I cannot think of anything I would change, it is all perfect just the way it is." Another person informed us that they had spoken with the manager about the service and things did improve but they had to speak every now and again to ensure the standard of staff attending on time did happen. We saw information about how to make a complaint was included in the initial assessment information should people need to access it. At the time of the inspection, there were no current complaints that had been made.

People and their families were involved with the planning of their care. People informed us the care was personalised and to their specific needs. The registered manager explained to us how the senior staff carried out an assessment of people's needs to determine if the service could meet those needs. Once the care needs were established members of staff were assigned to the person with regard to the number of visits required and the care needed. The assessment was linked to the care plan which was reviewed with the person within the first month or sooner if so required. This was to ensure the care plan was accurate and people were content with the care.

People told us that the staff checked with them frequently when providing care if they were content with the service. We saw that some people's care plans had been reviewed within the past six months where as others were overdue. The registered manager explained that any urgent changes would be made and prioritised. They were planning with senior staff to update the care plan reviews. These had fallen behind schedule due to senior staff providing direct care themselves to cover staff sickness and vacancies both of which had improved.

Where people were at the end of their life the service provided the care and support that they required. A senior member of staff informed us that the majority of people required support to help to maintain their

independence. Four people were receiving palliative care. The service staff worked closely with people and their families. They understood the limitations of their role, and had worked alongside other professionals including Macmillan nurses to ensure that people's needs and choices were met. People's wishes, such as if they wanted to be resuscitated, were included in their care records.

# Is the service well-led?

## Our findings

At our last inspection of 20 May 2015, the key question well-led was rated good. At this inspection we found well-led has deteriorated to requires improvement.

It is extremely important the service reports upon and acts positively should the service not be able to provide sufficient staff to care for people as stated in their care plan. We became aware that on occasions when individuals were assessed as needing two members of staff to support them only one member of staff attended the care visit. We are aware that no harm came to the people using the service but the difficulty the service was experiencing was not reported to the Local Authority and their assistance was not requested.

People using the service told us they were very pleased with the service. One person said, "It is flexible the staff know exactly what I like and need. They accommodate any changes as and when needed." Another person told us, "Staff are good. Being able to stay living in my own home is the best. I do not want to move. The service is consistent and I cannot ask for anymore." The relatives we spoke with were very pleased with the service received and spoke highly of the staff. One relative told us, "They always take their shoes off or put on shoe protectors and I think demonstrates they respect our home."

Staff understood their responsibilities and received regular training updates to keep up to date with current good practice guidelines. Staff were also supported through supervision, appraisals and spot checks. One member of staff told us, "I like working here because the management are approachable and supportive." Another member of staff informed us that staff worked every alternative weekend and there was never any pressure from managers to pick up additional work. They told us, "They always say please and thank you and you can say no and that is fine, no pressure."

Established systems were in place to report accidents and incidents investigate and analyse incidents. People's care plans were regularly reviewed to reflect any changes in their care needs. The registered manager was aware of their responsibility to report incidents, such as alleged abuse or serious injuries to the Care Quality Commission.

Quality assurance systems were in place to continually drive improvement. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas that required further development. The registered manager told us and we saw evidence that quality assurance checks were undertaken on a regular basis.

Following issues in the past with sickness the registered manager was now using a management tool to help them manage staff sickness and address issues with staff. The staff we spoke with took confidence from the support provided by the management staff in addressing staff sickness. One member of staff told us, "I find the managers are supportive. There is an on-call system to help you and they always ask if you can help and explain the care needs of the person before you visit them."

The service worked in partnership with other agencies. The service meet with the Local Authority every quarter to discuss how the service was being provided.

