

Julee Care 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?

Requires Improvement ●

Summary of findings

Overall summary

Julee Care Limited is a domiciliary care agency providing personal care and support to people in their own homes. It provides a service to older people. At the time of inspection, the service was providing personal care to four people.

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

People felt safe. One person said, "I do feel safe and I am very happy with everything." Risks associated with care and the environment were recorded and monitored. There were enough staff to meet people's needs in a consistent and flexible way. Staff protected people from avoidable harm, were knowledgeable about safeguarding and felt able to raise concerns. Systems were in place to recruit staff safely. Staff did not administer people's medicines but prompted them to take these when needed.

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. Consent to care was sought and staff understood people's rights to make their own decisions. Staff received training in key areas, and plans were in place to source further training for staff. Staff received support to enable them to carry out their roles effectively. New staff received an induction and shadowed the management team as part of this. Systems were in place to ensure information to support people was shared and discussed appropriately with health professionals, where necessary.

People told us staff were kind and caring. They had built meaningful relationships with staff and felt they mattered and were listened to. Staff were aware of the importance of promoting people's dignity and maintaining their privacy.

People's needs were assessed before they began to use the service and care plans were developed from this information. Care plans overall, contained information for staff to support people according to their needs. Some care plans needed strengthening to ensure they contained more detail about people's care. A system was in place for responding to people's concerns and complaints. People's relatives told us they felt confident to raise any concerns. No person required end of life care at the time of inspection.

People and staff felt the service was well led. Some areas of improvement continued to be required, particularly in relation to recording and training. However, these did not directly impact on the care people received. Compliments and surveys showed people were happy with the service they received. Quality assurance systems identified where the service needed to improve. The registered manager was responsive to any issues raised during the inspection and demonstrated a passion and enthusiasm for driving improvements where identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Julee Care Ltd on our website at www.cqc.org.uk.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 24 October 2018) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

Julee Care Limited

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service is also registered to provide care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. No person at the time of the inspection was receiving this type of service.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 October 2019 and ended on 25 October 2019. We visited the office location on 25 October 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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 two people who used the service and two relatives about their experience of the care provided. We spoke with two members of staff and the registered manager.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care records clearly identified, assessed and mitigated the risks to people's health and wellbeing. Information clearly instructed staff how to mitigate these risks and safely manage people's health needs. One person's relative said, "[Person] has expressive dysphagia, they can muddle their words. They have been referred to [health professional]. Staff know what [person] needs and any small change and they are on it."
- People at risk of falls due to poor mobility had environmental risk assessments completed to ensure the area was safe for them to mobilise. Staff considered daily how obstacles of trip hazards may impede people's mobility and their own safe working practices. Records showed staff quickly identified if people's skin was at risk of damage. We saw they quickly identified and reported their concern, ensured the area was kept dry, clean and moisturised, and swiftly returned to normal.
- Staff frequently checked equipment used was safe and serviceable. The registered manager had developed personal evacuation plans with people to enable them to safely evacuate their home in the event of an emergency.

Staffing and recruitment

At our last inspection the provider had failed to ensure people were supported by sufficient numbers of staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Those staff employed had not undergone a robust recruitment check prior to starting work. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 and 19.

- People told us there were enough staff to support them. One person said, "Time keeping is very good and they know how important this is to me. If they are late they call me so I know. It's a very reliable service." The registered manager, since the previous inspection, had invested in electronic monitoring. This enabled them to monitor staff timeliness and to ensure people's care was provided for the time agreed.

- People told us they were supported by the same care staff and told us they knew them well. One person's relative said, "It used to be just one carer before, but now it's three. Always the same ones and [person] knows them well. That's good as [person] gets very anxious, so having ones they know helps that."
- People and relatives told us that when new staff began working they were introduced to them. This they said was to ensure the staff member would work well with them. One person's relative said, "A new carer came with [care staff], they checked [person] was happy and made sure the new carer was suitable. If [person] didn't want them to care for them then they would have changed it."
- The registered manager had reviewed and updated recruitment records that at the previous inspection lacked information. Only one staff member had been recruited since the last inspection. Robust checks were undertaken in line with the service's own procedures, to ensure they were of good character and able to work in this type of service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong. At our last inspection the provider had failed to ensure systems were in place to keep people safe from harm. Staff were not supported to identify or report when a person may be at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe. One person said, "I am safe with them. They are so good in what they are doing." Where incidents occurred, such as staff noting a mark or bruise, this was thoroughly investigated and responded to.
- Staff received training on how to keep people safe from harm and those staff spoken with understood the types of abuse that could occur. Staff were clear about their roles and responsibilities, and how to report their concerns, both to the registered manager and also to the local authority or CQC. There had been no safeguarding concerns raised within the previous twelve months.
- The registered manager and staff were able to tell us about incidents that had occurred and how they had reviewed their practice and taken action to reduce the likelihood of recurrence. The registered manager was developing their meeting agenda to ensure lessons learned was part of their monthly discussions.

Using medicines safely

- Staff did not manage or administer people's medicines. People or their relatives managed their prescriptions and medicines themselves.

Preventing and controlling infection

- People were cared for by staff who practiced good infection control processes. Staff told us they had the required personal protective equipment [ppe], which included gloves and disposable aprons, antiseptic wipes and guidance on hand washing.
- Staff at the time of inspection prepared meals for one person. The registered manager had booked staff on relevant food safety training as training provided had not been sufficient for this task. They had identified this at the time of inspection.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to using the service people undertook an assessment of their needs and were able to be involved in choosing the staff that supported them. This assessment included people's physical, mental health, communication and social needs. This was carried out seeking the views of the person and their representatives, such as family and other professionals involved in their care.
- These assessments carried out helped to ensure the service could meet people's diverse needs and to provide care to people that met national guidance and best practice.

Staff support: induction, training, skills and experience

At our last inspection staff were not provided with adequate training and supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection staff did not receive sufficient training and did not feel the training provided to them supported them in their role. At this inspection this had improved.
- Staff told us they felt supported by the registered manager and received the training they needed to support people's individual needs. One staff member said, "[Registered manager] is good, they always listen to me and will help me when I want it. Supervision is good and they will drop in without warning to check I am working well. If I need anything they will help me always."
- Newly employed staff received an induction which included training and shadowing more experienced colleagues. Once considered competent, they were then able to work unsupervised.
- The registered manager continued to develop their training programme which was based upon the specific needs of people using the service. This helped to ensure staff had the specific skills and knowledge to support people individually.

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

- People required prompting at times with their dietary and hydration needs. One person had their meals prepared for them by staff. This was documented in their care records and provided care workers with guidance on how to meet these individual needs.
- People told us staff would leave them with refreshments and snacks within reach. If staff suspected people were at risk of weight loss they would inform the appropriate person.

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 told us how they worked well with other professionals involved in people's care, including GP's and district nurses. We saw from care records and people also told us how good relationships with other professionals had helped achieve good outcomes for people.
- Staff referred people quickly when there was a change to people's health or wellbeing. People were able to freely access the GP or any health professional necessary. Guidance and care plans from these referrals formed the basis of the care plan to instruct staff.
- People's care records included information about people's specific conditions. Staff were all aware of the support people required and who to contact if people's health deteriorated.
- When people attended an appointment, staff or the registered manager either attended or ensured they received feedback. This helped to ensure that people were involved in decisions and subsequent monitoring about their health.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions was identified in care records. No person at the time of the inspection lacked capacity to make their own decisions. However, the registered manager had assessed capacity regardless of considering if this applied. This is not in line with the principles of the MCA 2005. They told us they would review their practice and only assess if they believed the person may lack capacity.
- Staff had received training in how people's consent should be sought. Where people may lack capacity, staff were clear that the persons views and opinions must form the basis of the decision made.

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 requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were caring and respectful. One person said, "I am very happy with the carer. I trust them. They are very nice and kind." People told us staff respected them as individuals. One person's relative said, "Our personalities match and I find them very receptive."
- Staff had developed positive relationships with people. This enabled staff to understand people's preferences and they used this knowledge to care for them in the way they liked. One person's relative said, "I am satisfied with the care. [Person] likes the people they get, It's a good close working relationship and the small team of carers know how [Person] likes things done. There are no major issues, I am quite happy."
- All staff spoken with, including the registered manager, spoke about people in a passionate and caring manner. Staff and the registered manager had an understanding of equality, diversity and human rights and people's differences were respected.

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

- People were central to the care they received. People told us they were involved in care reviews and records demonstrated their views and choices were listened to and used to plan the care they received. One person said, "I know what they are doing and they always ask as well. I am involved in everything."
- Staff were aware of when people required some additional support from relatives or other organisations. Staff and the registered manager told us about a difficult diagnosis one person? had been given. Staff spent time supporting this person, helped them speak with their family and gave them emotional support when needed.
- People and their relatives felt valued and important. They felt their views, opinions and anxieties were understood by the management and staff team and positively responded to. One person's relative said, "Overall, I am very happy with the service. Because of them [Person] can be at home and they are very happy in this environment."

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of how to support people's dignity and independence. Staff had developed meaningful relationships with people and were clearly aware of their needs and preferences. People told us they received care in a way they liked and that did not make them feel uncomfortable or exposed. One person said, "Staff are very good and know what I want. Staff are professional but very kind and caring."
- People felt staff supported their dignity and independence. One person said, "They will gently encourage me to do things for myself. They don't just get on with it but will wait for me after my shower to dry myself and get myself dressed." People knew the staff that supported them and knew they could change those staff

if they felt uncomfortable with them.

- The registered manager frequently met with people to review the quality of care. Part of these regular discussions were about how people's dignity and independence were supported.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- At the last inspection we found some documentation relating to the care needs of people did not always contain clear guidance. At this inspection we found the registered manager had taken action to improve the quality of information in people's care plans. This included the care people required with their conditions, such as risk of falls and skin integrity.
- People told us staff were responsive to their changing needs. People's relatives confirmed this and told us they were kept informed where appropriate. One relative said, "A while ago staff noticed [person's] skin changing. They reported it straight away, got hold of the GP and got the care needed straight away. I think they were really responsive, if they didn't act it could be a different story." Care records and assessments confirmed the actions taken were appropriate and responsive to this person's changing health needs.
- Staff took time to support people with their cultural and religious needs. One staff member had difficulty preparing meals for one person as they did not understand the types of food they wanted to have. The registered manager and person took time to support the staff member to prepare dishes that were from their culture. This not only enabled the person to maintain their nutrition, but also enabled both staff and the person to learn about each other's cultures and what was important to them.
- People's specific needs and preferences were assessed and met. This was carried out by a management and staff team who knew them well.
- People's care needs were kept under review and any changes made when needed. People were included in reviews, as were their representatives including relatives, where appropriate. However, although staff awareness of people ensured they received personalised care, some care records required further development to ensure they recorded these preferences.
- Staff took time to get to know people's interests, hobbies and relationships that were important to them. Staff spent time with people engaging in things important to them. For example watching television, completing puzzles and talking about day to day things.

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.

- People's care records identified how people communicated and guided staff on the best ways to communicate effectively with them.
- Staff were aware of how to communicate with people in a manner that suited them. For example, staff

used objects of reference and slow clear speech to communicate with one person who lived with an impairment that made communication difficult. Their relative told us staff adapted their communication to ensure they understood this person's needs.

Improving care quality in response to complaints or concerns

- A policy was in place that informed people, relatives or professionals how to make a complaint. People told us they felt confident in raising their concerns or having their relative do this on their behalf. People and relatives felt confident the registered manager would deal with complaints appropriately.
- No complaints had been received in the previous twelve months. However, the registered manager did respond swiftly when people raised a concern. The registered manager discussed those concerns with staff to reduce the chance of recurrence and it developing into a more significant complaint.

End of life care and support

- No person at the time of the inspection was being supported with their end of life. However, further development of this area was required to ensure staff explore people's preferences and choices in relation to end of life care. This is because a sudden death may occur.

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 requires improvement. At this inspection this key question has remained requires improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created did not consistently promote high-quality, person-centred care.

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.

At our last inspection the provider did not have adequate systems and processes in place to monitor the quality and safety of the service. This was a breach of Regulation 17 HSCA RA Regulations 2014 Good governance

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had sought the help and mentoring of an experienced manager from an external support organisation. They had reviewed their systems and implemented a system of auditing and electronic monitoring for both staffing and monitoring whether calls are late or missed. This enabled them to develop an action plan to have a broader oversight of the risks to providing a safe and high-quality service.

- Audits were completed for areas such as care records, staff competence, infection control, and staff timeliness. Where areas were identified for improvement these formed the basis for a service development plan to improve those areas. Although significant improvement had been made in this area we found shortfalls in some areas of training around end of life and diabetes. Subsequent to the inspection the registered manager informed us this training had been arranged.

- Audits had identified and improved people's care records which were up to date in relation to the risks to their health and wellbeing. However, auditors had not identified care records lacked detail relating to supporting people in a person centred manner. For example where people identify they may need help when anxious, the record does not instruct staff how to specifically support this person.

- Care records also did not always record that conversations had taken place around people's wishes for end of life care. Whilst the risk to people was low as staff knew people's needs well, this is an area that requires improvement to show that discussions have taken place.

- The registered manager understood their roles and responsibilities relating to the duty of candour. However since the previous inspection there had been no incidents that had occurred and would require a response that followed duty of candour.

- The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

- Staff were regularly observed by the registered manager to identify if improvements were needed in their

practice or knowledge.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had a comprehensive understanding of what was happening in the service. They knew about the care and support needs of people using the service and how staff were meeting these needs. This helped them support their staff and understand what was happening in the service and possible risks.
- People and their relatives said the service was well led. One person's relative said, "The manager is always around, very visible and has changed things around to make it better. We are very happy with things and encouraged by the leadership."
- Staff told us they enjoyed working at the service. Staff were positive about the registered manager and their influence in promoting an open culture with positive staff morale.
- Staff attended regular team meetings with the registered manager. These documented areas that had been discussed, however, were not an effective, well led discussion. Actions from previous meetings were not reviewed, and key agenda items required for discussion at each meeting were not identified. The registered manager told us they were reviewing the structure of the team meetings and would review these areas to ensure they were more robust.
- Staff told us they felt supported by the management team. People and staff felt valued by simple acts of recognition such as acknowledging their birthdays.
- People were asked for their views about the service they received. A recent survey had been completed and the responses analysed. The results were overwhelmingly positive with only one area noted for improvement which was for staff to call ahead if they were slightly delayed. The registered manager had acknowledged this feedback.

Continuous learning and improving care

- The registered manager told us they continued to develop care records to be person centred and outcome focused. They told us this would enable them to evidence in a clearer way the support and outcomes they support people to achieve.
- Staff received training in meeting people's specific needs and this was updated where required to ensure care workers received the most up to date information. The registered manager identified where further training was required and had booked training specific to people's needs.
- The registered manager shared with staff minutes from meetings and the outcomes from external audits such as CQC inspections. However they told us they planned to share further key information with staff and people, such as ongoing development plans and outcomes from complaints, concerns, incidents et

Working in partnership with others

- The registered manager told us they had good relationships with other professionals involved in people's care, this included the commissioners of the service.
- The registered manager had sought support and guidance from a local support organisation. Where they used this to seek management support and training, they planned to also use this as an opportunity to meet other managers and share good practice.