

Justco Ltd

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

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

The inspection was announced and took place on the 27, 28, 29 September. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

Justco Ltd is a domiciliary care agency and is branded as Home Instead Senior Care. It provides personal care services to people in their own homes from its office located in Chelford. Clients are served in Macclesfield as well as other parts of eastern Cheshire including Wilmslow, Alderley Edge, Prestbury and Poynton.

The service was last inspected in August 2013 when the office was located in Macclesfield. At that time the service was found to be compliant in all the areas we looked at. The service reregistered at the Chelford office in May 2014 and this was the first inspection at this site.

The service has 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. At the time of our inspection there were 62 people using the service.

The people who used the service and their relatives told us that they were treated with respect and kindness by the staff. Comments included, "my carer is the most caring person I could hope for" and "they are brilliant, I know they really care for me and look after me".

Everyone we spoke with told us they felt safe when the agency staff were in their home. Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their plan of care.

Medicines were administered safely to people by staff. We found in some cases there was a lack of clarity around the recording of people's medicines. This was brought to the manager's attention during the inspection and appropriate actions taken.

People told us they received care and support from a consistent staff team and the visits by staff were conducted on time.

There was a time monitoring system in place which enabled people to be confident that their visits would be carried out on time and medication would be administered at the correct time. It operated in conjunction with the office and enabled staff to telephone the office when they arrived and left a visit. Alerts were picked up by the office immediately if visits were not carried out and there was a backup duty system where senior care staff could complete the visit if necessary. People told us that all visits were carried out in full and people reported that staff were never rushed.

Arrangements were in place to protect people from the risk of abuse. We spoke to staff about their understanding of safeguarding and they knew what to do if they suspected that someone was at risk of abuse or they saw signs of abuse. People who used the service and their relatives told us that they felt that staff provided safe and supportive care.

We looked at recruitment files for a selection of newly appointed and long term staff members to check that effective recruitment procedures had been completed. We found that appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The registered manager ensured that staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. There was a well-established management structure in place which ensured that staff at every level received support when they needed it. Staff were clear about their roles and responsibilities and how to provide the best support for people.

People had a plan of care. The care files that we looked at contained the relevant information that staff needed to care for the person. We could see from the detailed daily records and discussions with people receiving the service that the care provided was person centred and took account of the person's wishes and preferences.

Discussions with staff members identified that they felt happy and supported in their roles. They told us that the registered manager and provider were supportive and they felt that they could contact them at any time. Comments included, "we are well supported", and "every month we get supervision, you cover everything, staff you support, yourself, training, everything".

The service had a quality assurance system in place which used various checks and audit tools such as questionnaires and direct observations to monitor and review the practices within the service. Systems and processes were in place to monitor the service and drive continuous improvements. A number of audits (checks) on how the service was operating were also undertaken. These included visits approximately every three months to see people in their own home. The purpose of this was to monitor staff practice and also to check whether people were satisfied with the support they received.

The provider told us that this enabled the service to receive continual feedback and address any areas of concern immediately to ensure that the people using the service received a high standard of care.

Our findings showed that care and support was provided to people in their own home on a flexible basis and in accordance with individual need. The amount of support provided varied and people were offered a service between an hour per day to 24 hour support, seven days per week if required.

The manager had a clear knowledge and understanding of the Mental Capacity Act (MCA) 2005 and their roles and responsibilities linked to this. People told us they were able to make their own choices and were involved in decisions about their support.

The agency had a whistleblowing policy, which was available to staff. Staff told us they would feel confident using it and that the appropriate action would be taken.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service. People we spoke with knew how to raise a complaint.

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.

Risk assessments supported people to develop their independence while minimising any inherent risk.

There were sufficient numbers of staff to meet people's needs.

The recruitment and associated processes were robust.

Medication was managed safely however some the recording system was not always as per the medication policy.

Is the service effective?

Good ●

The service was effective.

Staff were supported by a system of induction, training and supervision.

People received support from stable staff teams who knew their needs well.

People were supported to access other healthcare professionals as they needed.

Is the service caring?

Good ●

The service was caring.

Staff nurtured people and had formed positive relationships with them.

People were treated with dignity and their privacy was respected.

Staff provided people with information and explanations in respect of their care and support and assisted them to maximise their independence.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and informed and guided staff in how to provide consistent care to the people they supported.

Care and support plans were regularly monitored, reviewed and updated to ensure all current needs were addressed.

There was a complaints policy in place, to which people had access.

Is the service well-led?

The service was well led.

The management team were open and transparent.

The service had a clear set of values and visions.

Quality audits were carried out to monitor the quality of the service.

Good ●

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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 was 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.

The inspection was carried out over three days, 27, 28 & 29 September 2016. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available.

The inspection team consisted of one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit.

The registered manager was available throughout the inspection to provide documentation and feedback.

During the course of our inspection we spoke with eighteen of the people who used the service and three of their relatives. We spoke with the registered manager, the provider, finance director, office and training manager, care co-ordinator as well as ten members of care staff. We also spoke with external agencies who had knowledge of the staff and services provided.

We visited two people separately in their homes with their permission. We looked at care records for seven

people who used the service. Records reviewed included: call monitoring software, policies and procedures, five staff files covering recruitment and training records, medicine administration records (MAR), staff rotas and complaints.

Is the service safe?

Our findings

Discussions with people who used the service identified that they felt safe, confident and well cared for within their own homes. Comments included, "I always feel safe with them. They make sure my door is locked when they leave but always put the key in a place within my reach if I need to answer the door", "I feel safe and secure with them, they are very good to me" and "I am very safe with them, they are angels and I know they care about me and ensure I am safe".

Relatives who we spoke with told us that they felt the service was safe and they had no concerns. They said that their relatives were happy with the care and support as it was always carried out by staff they knew. One relative said "I think because the same carers have been going for a while helps, I am sure that makes (family member) feel safe"

We saw a staff rota for September 2016 and this showed the call times and staff attendance. The staff we spoke with told us they received their staff rota in plenty of time and were always informed of any changes in advance. We saw people were supported by small staff teams to help ensure consistency of care. Staff we spoke with told us the small staff teams worked well and this view was supported by the people we spoke with.

On the day of our inspection, we initially met with the registered manager and provider. They were able to provide documentation in relation to staffing, safeguarding, medication and show us the call monitoring system to enable us to check systems and ensure procedures were being used effectively.

The registered manager informed us they currently had sufficient numbers of staff to provide care and support to people in their own home. We saw arrangements were in place to cover potential sickness and holidays so that staffing levels were maintained. The registered manager informed us they had not had any missed calls (visits) to people. If staff were running late due to unforeseen circumstances, such as dealing with an emergency or being held up in traffic this was picked up by the call monitoring system. This system monitored the arrival and departure of staff at people's homes and alerted the office if a call was not made on time. A telephone call was then made by the office staff to advise the person of the delay. Staff told us that they would usually contact the office themselves in the event of them being late for a call. We saw that on call support was provided to staff from the office base between 09.00am and 05.00pm with an out of hours on call system being available from 05.00pm until 09.00am. Staff told us that they were always able to speak with a senior staff member any time night or day.

When we spoke to staff, they agreed that they had sufficient time to travel between their visits and they did not have any problems with reaching the different destinations on time, as the travel times were accurately built into their schedules. Staff told us, "our rotas ensure that we have enough time to carry out each call on time", "I have plenty of time between calls to make sure I can call when people want me" and "this system in place now monitors all calls so if you are late they will get someone to cover you". Records showed how this worked in practice. A staff member's car had broken down and within fifteen minutes alternative arrangements had been made to ensure the person who used the service received the support at the usual

time.

Risk assessments were contained within the care plans that identified risks to people's health and wellbeing such as manual handling, medication and infection control. The provider also completed a risk assessment of the property and environment in order that staff were aware of any associated risks. We saw details of environmental risk assessments being undertaken prior to the commencement of a service to ensure the home environment was safe. We noted that the risk management plans also included detailed information on how staff could support people in a way that minimised the risks. Staff told us that risks were well managed and balanced and the person who used the service was fully involved with the process and their choice was respected. We saw examples of how risk had been managed with positive effect. One person who used the service was non-weight bearing and unable to mobilise without the use of equipment but wanted to go to the seaside. Risk assessments were undertaken and a staff team put in place who had identified necessary equipment and enabled the person to fulfil their wish.

We saw for instance if moving and handling equipment was needed this would be provided by the relevant body prior to care being undertaken. Staff told us that if a person was unable to manage their medication this was discussed with them and their family. This culminated in discussion's being held with the GP and the pharmacy and actions being put in place to manage risks by way of medication prompting. We could see as people's needs changed that records were updated to reflect any change to the person's care to ensure that the people who used the service were safeguarded from unnecessary hazards. Staff told us that they recorded details of the care provided at the end of every visit in the person's care plan. One person who used the service said "Staff write fastidious notes and we sometimes read them but the other staff always look at them when they call". This means that the next person delivering care could see what had happened on the previous visit and anything that needed to be followed up. We were able to view copies of the daily records and could see that these were very detailed and provided a need to know account of the care and support provided.

Systems were in place to minimise the risk of abuse and the registered manager was aware of their responsibilities to report abuse to relevant agencies. Staff had access to an adult safeguarding policy and procedure and the local authority's safeguarding procedure. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident. The registered manager demonstrated an exceptional knowledge about keeping people safe and gave us examples of how the agency had been able to protect people who used the service from abuse. This included financial and psychological abuse.

Staff told us that they had received training in protecting vulnerable adults and had read the provider's safeguarding policy. We saw in the safeguarding folder that appropriate referrals were being made to the local authority safeguarding team. We were able to view training records and could see that all the staff had received safeguarding training within the last year. We also saw that this was a standing item on all staff meeting minutes and staff were reminded at each meeting of the importance of reporting any safeguarding issues. We also observed a staff induction training session and noted that safeguarding training was high profile on the agenda.

The registered manager told us that the provider was a member of crime prevention for vulnerable adults and the agency worked with people who used the service to alert them to potential scams. We saw examples of how the service provided information and support to vulnerable people by giving out leaflets and having discussion with them about keeping safe from crime. Records showed that this had greatly assisted vulnerable people to be aware of potential risk. One person received a phone call from a person who told them he had been asked to call to fix their computer, they did not have a computer, another from a

person who said they had been asked to cut the person's grass, they did not have a lawn. Both people said they had been alerted by the information provided by the agency and as a consequence were not taken in by the scam.

We checked the medicine arrangements and we saw that the practices for administering medicines were safe. We saw that the staff administering medication had received the appropriate training and received regular competency checks. We checked five Medicine Administration Record (MAR) sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed. However we noted that although records were in place some of the recording was confusing. Examples included a line being used on one MAR sheet to indicate that a visit had been cancelled and we had to search other records to confirm that medication had been provided by family members. The registered manager told us that she had already noted that some recording was not in accordance with the medicines recording policy and as a consequence had arranged refresher training for all the staff involved. We saw that this had been acted upon and training had been organised. The registered manager provided an extra random sample of MAR sheets and we saw that they had been completed as per the agency policy.

As part of the recruitment process the provider used value based recruitment techniques, a clearly defined culture statement and staff competency assessments. We looked at the staff files for five members of staff to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from each file that the provider required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to verify this. Each file also contained a photograph and evidence that proof of identity had been seen. We were also able to view the interview questions and checklists completed as part of the recruitment process.

Accidents/incident and near misses were recorded and the manager told us they reviewed incidents and near misses to identify any trends or themes. Findings were shared with the staff. We saw an incident record and this showed timely actions had been taken to reduce the risk of re-occurrence.

Records showed that all staff undertook infection control training and protective equipment such as gloves and aprons were available for the staff. We observed staff using these whilst supporting people. Staff changed their gloves and aprons as needed; this helped to promote good standards of hygiene.

Is the service effective?

Our findings

People told us that they received an effective service where staff knew what they were doing. Comments included "They are wonderful. The staff know exactly what they are doing, I don't know what I would do without them", "I have used this agency for a long time and they have never let me down. They have really helped me to get on with life", "Splendid, could not ask for better. They ask us what we want; make sure we have enough to eat and drink and if we need the doctor or anything they sort it all out" and "Staff turn up on time are very respectful, attentive and caring. They are prompt in their attention and work as team. We always know who is coming; they all have got great skills".

The registered manager told us that Justco recognised that to be effective, staff needed to know the needs of the people who used the service to be able to respond promptly to any changes. Records showed that staff noted one person who used the service had a very poor diet and fluid intake and was losing weight rapidly. It was established that this person had become unhappy about eating on their own. A staff team was selected and matched with the person and they provided support with shopping and meal preparation plus meaningful companionship during mealtimes. This all contributed not only to the persons weight gain but also to their general well-being and self-esteem.

Before the service commenced each person's individual care needs were assessed to check what care and support they wanted and needed. Senior care staff were involved in creating detailed care records about them, which were updated regularly, so that staff had all the information they needed to support each person. Staff had a detailed knowledge of each person's health care needs, recognised changes in people's health and sought health professional advice appropriately. For example, one person had a mental health condition and in certain situations experienced severe depression. Their care records included information about signs which might indicate the person was becoming unwell. Staff told us how the person had recently been unwell and how they had recognised this by the changes in the person's behaviour. They contacted the person's GP and mental health team for advice and followed that advice and said they were able to assist the person to regain a positive outlook.

Although the service did not take primary responsibility for ensuring that health care needs were addressed records showed that people were supported by staff to maintain their health and attended regular health appointments with their GP, dentist, optician and other specialists. One person told us that they needed to attend hospital on one morning each week and staff of Justco enabled them to do this by 'organising things so that the weekly appointment could be met'. Another person told us "I was not feeling very well one morning and the carers took one look at me and called out the doctor".

When a new staff member commenced work at Justco they undertook an induction in their new workplace; this would be for a minimum of three days during which time they would be a supernumerary member of staff and would be provided with three full days training. They would then be enrolled to undertake the Care Certificate which could take up to three months to complete. The induction programme was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently.

Records showed that after the induction period staff were matched to provide support for people who used the service and they would shadow an existing staff member to enable them to be introduced to the people they would look after and get to know their needs.

Staff told us that the induction/shadowing period was very flexible and staff only worked on their own when they felt confident and had been assessed as competent by the agency.

Records showed that all staff had annual updates that covered areas such as medication, equality and diversity, moving and handling, fire safety, food safety, COSHH, safeguarding, person centred values, cross infection and hygiene. Other areas such as the Mental Capacity Act and dementia awareness were also included in the training. However it was noted that although staff had received training in medication management, the training provided was in need of update to ensure that staff recorded correct details on the MAR sheets. This has been addressed in the safe section of this report.

We asked staff about training and found that they were all at different stages of the processes above. Four newly appointed staff members were in the midst of their induction and confirmed that they had arranged to undertake shadowing and felt well supported. Records showed that all other staff were up to date with the mandatory training and twenty one of the forty eight staff had received extra training in dementia care. All of the staff members said that the training provided by the agency was very good and that it was up to date.

All staff received regular supervisions; they told us these were interesting and thought provoking. They used these sessions to review and discuss with their line managers their achievements since they started in post or since the last supervision. They said that their line manager gave them feedback on their overall performance and agreed any training and development needs. Staff told us that short term objectives were also set to be discussed at the next supervision session. One staff member told us that the supervision sessions included discussion about care and support plans, how they were working and could anything be done better to improve the service provided. They said that they felt this was an outstanding way of reviewing care delivery and ensuring the services provided remained effective. We checked records which confirmed that supervision sessions for each member of staff had been held regularly. One staff member told us, "I find these meetings very useful. We can ask about anything". Staff told us that supervision meetings provided opportunities for staff to discuss their performance, development and training needs.

We saw records to show that staff meetings were held three monthly with agendas in place to ensure discussion was structured. Staff newsletters were also provided to share information about new staff appointments, new policies and any other relevant information.

Staff said they were also supported to undertake an annual progress review to discuss feedback on their performance and set goals for the forthcoming year. Comments from staff included; "We tend to keep the same staff for a long time which helps us work together as a team" and "I cannot fault this service. I have worked in other places where you are just left to your own devices. We get so much training and support here. I feel valued and cannot fault this service. Everyone works together".

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. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager, provider and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We spoke with the registered manager about gaining consent to care and treatment. They told us that staff had received training in the MCA. However they said that most people they supported had capacity to say how they wanted their care to be delivered in their own homes. Where people had limited capacity, spouses and relatives were able to inform any decisions that may be needed. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Capacity assessments and consent documentation was completed with people or their relatives during the initial assessment and on-going via care reviews. Staff spoke confidently about how they involved the people they supported to make decisions. For example offering a limited number of choices to not overwhelm the person or visually showing people choices of what they would like to wear. Staff gained people's consent before carrying out any care support tasks such as obtaining consent before medication was administered.

We saw that the registered manager had requested a best interest meeting to be arranged for a person who used the service to discuss changes they had noted in the persons capacity to make decisions about daily life activities.

During the home visits we observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. During our visits we saw that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent.

Is the service caring?

Our findings

We asked people how they felt about the caring approach of the staff. Without exception people praised staff for their caring and professional approach. Comments included "They are excellent, they have provided me with superb care and compassion", "They are always friendly and polite", "They are wonderful, nothing is ever too much trouble for them. We have a laugh and a joke but they are so supportive, I don't know what I would do without them" and "I am very pleased with them, they go above and beyond my expectations. They call every day and I look forward to the visit. All the staff care about me and make me feel special". "My carer is the most caring person I could hope for" and "they are all brilliant, I know they really care for me and look after me".

People told us that staff assisted them to be as independent as possible and encouraged them to maximise their lives. Comments included "When I am getting myself ready they help me to choose my clothes and my jewellery as they know I like to look nice". "They do much more than provide support for us. They are kind, considerate and care so much about us. They will do anything to make our lives better".

Care staff described how they respected people's privacy and dignity and acted in accordance with people's wishes. Comments included "I always knock on people's doors before entering and I always close the door and curtains before I assist anyone with personal care" and "Staff are matched to a person to make sure they get on. We also have a small team of carers for each person. This maintains people's choice and dignity as they get to know the staff well". Staff told us they were provided with information about the people they supported before the service commenced. They said that this enabled them to find points of common interest and quickly establish good working relationships.

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission. They told us their induction included customer care and maintaining confidentiality of information. We saw people's care records were kept securely in a locked cabinet in the main office of Justco.

Staff demonstrated they knew people very well and told us detailed information about how people preferred their care and support to be given. We saw these details had been accurately reflected in people's care plans which showed the staff had a good understanding of individualised care. Staff spoke knowledgeably about people's likes and dislikes, how they liked to spend their day and what routines people liked to have.

The care plans we looked at drew attention to individual needs such as how people communicated and their cultural identity. Staff spoken with displayed clear knowledge and understanding of people's diverse needs and their right to live a fulfilling life. We saw from the staff rosters and log book records that people received their care and support from the same carers in the vast majority of occasions. The records showed that the same care staff delivered a person's care. This meant that they knew the needs and preferences of the person they cared for and were able to build up a good relationship with them.

The registered manager told us that the staff were passionate about supporting people to maximise their potential. She said that when people commenced using the service wherever possible they matched care staff to meet people's individual needs. She said that she monitored how relationships developed once staff had started working with individuals by way of observations of interactions and responses and where necessary ensured that staff were provided with specialist training to enable them to provide care appropriate to individual need.

We observed interactions between staff and people who used the service and noted the relationships were ones of mutual trust and rapport. The staff members displayed clear understanding of the people's life skills and provided them with encouragement and support to enable them to maximise their independence. The staff members, by their actions and words, instilled confidence in the people and showed awareness of any signs of discomfort and provided quiet reassurances. The staff members fully engaged with people and used appropriate language to provide any information they requested. The staff members were aware of confidentiality issues and told us that all information recorded on file was maintained securely within the main office.

The care records we looked at were based on people's personal needs and wishes. Details were recorded of what people were able to do for themselves to enable them to maintain their independence. One person told us "It is very important to me to retain some independence. I have limited vision and some medical problems but I want to do as much for myself as possible. These staff know what I can and cannot do for myself and assist me to manage my care in a way that helps me to feel Okay about myself. I love my carers they are special".

We saw that newsletters were provided to people who used the service on a three monthly basis. We read a copy of the August 2016 newsletter which was interesting and informative. It included information about nutrition, poetry, details and photographs of staff, information about Alzheimer's workshops which were offered to people's relatives free of charge and details of safeguarding issues and how to deal with them. People told us that this information sharing made them feel 'valued as part of the service'.

Is the service responsive?

Our findings

People told us that they received the service of their choice from staff who understood their needs. Comments included "A friend told me about this service and I met with the manager and we agreed what help we needed. It has been good so far, they understand our needs and I have got to know them." and "They provide me with the care and support I need. They are flexible if I need to change my times or anything and go out of their way to help me with anything I need. Good service I feel".

The registered manager told us that the service received referrals through health commissioners but in general they received self-referrals from the person or their relative to request support. The process for pre service assessment in both instances involved the registered manager or a senior staff member visiting the prospective service user to carry out an assessment of their care needs. The registered manager told us that prior to a service being provided staff would undertake an assessment of people's needs, wishes, wants and preferences together with a risk assessment to look at the environment and social risks. She told us that once the assessment had been completed and a care plan drawn up and agreed the person would be introduced to the care workers before the commencement of the service.

Records showed that once the above process had been completed the care to be provided by staff was very clearly set out. This included information about people's preferences and individual needs such as times when care staff were to call and if more than one carer was needed to provide the care and support.

All the people we spoke with during our inspection told us that this initial visit had been carried out prior to the commencement of the service.

In the care files we looked at, we saw that the information gathered from the agency's initial assessment was then used to develop the care plan. The care plans we viewed varied in their detail, with some being more explicit in capturing information of importance to people that was personal to their needs. However we were told that some care plans were more task orientated in accordance with the person's wishes such as prepare a meal from the freezer or prompt medication.

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs. They told us that this enabled them to provide personalised support. Staff told us that they were able to interpret body language from the people they supported as to their state of mind. For example we were told that signs included lack of eye contact, lack of communication and apathy.

We asked staff how they ensured that people received the care they required. The registered manager told us that they had a system in place to spot check the work of individual carers. This involved a senior member of staff observing care staff whilst they were carrying out their duties in people's homes. This was always done with the agreement of the person who was in receipt of the care. We saw records in staff files of spot checks being undertaken on a three monthly basis or more often if required.

Each person's care needs were reviewed at least annually and more regularly if there were specific concerns, which we found to be the case in one of the care plan's we looked at. One person's needs had suddenly changed in respect of weight loss and we noted that this had been quickly addressed. The registered manager said that it was of utmost importance that there was a positive rapport between staff and people who used the service to ensure that the care and support was maximised.

We saw that daily logs were kept and detailed how the person had been supported each day. Our observations of staff practice confirmed it was very person centred. We were advised by the registered manager that the service provided training to embed person centred culture within their practice which included how to record in a person centred way.

People who used the service were encouraged to maximise their potential, continue to use their skills and engage in hobbies and interests. We saw records to show that one person's abilities to make their own meal had diminished but they still wished to do this. Staff were aware that this was important to the individual and ensured that they provided sufficient support to enable the person to 'cook their own meals'. Another person wished to visit family but their mobility was poor. Their GP had suggested exercises to enable their mobility to improve. Justco staff had ensured that this person was supported to exercise which had a most positive effect. A relative told us that a family member was living with dementia however they had been a very keen gardener but certain gardening tasks had become difficult. They said that a staff member of Justco had been matched with their family member to support them with general care and also to provide them with assistance in the garden. They said the person "issued well-directed orders on which plant needed care which makes them still feel in charge of the gardening process".

We saw that the registered manager held a weekly after 5pm surgery which was available to both people who used the service their relatives and staff of the agency. She told us that this enabled people to address any issues of concern or pass on compliments about the service. We saw systems were in place for recording and managing compliments and formal complaints. A copy of the complaints procedure was displayed on the notice board in the main office and provided to the people who used the service when the service commenced. The policy stated that complaints were to be logged, actions taken and outcomes recorded within the procedure's timescale. The service had received one formal complaint within the past twelve months and this was dealt with as per the complaints procedure.

The compliments book included "Caring attitude, lovely staff, staff going an extra mile, family support, excellent help, continuity of care givers, great care and professionalism".

Is the service well-led?

Our findings

People told us that the service was excellent. Comments included "Great service, very well run, cannot find any fault at all" and "I was told how good Justco were by a friend who had used them for ages. They are exceptional, never let us down, well managed, nothing is too much trouble. We have been with them for a long time now and I can honestly say it is the best run service I have ever heard of".

The agency had a registered manager in post. She had completed qualifications in leadership and management to develop her role, to fully support the staff and make people feel valued. We received positive feedback about the registered manager's leadership.

The registered manager told us that she had ensured that the agency had an open and transparent culture. She said she encouraged all staff to speak freely and express their views, whatever they may be. She said that she was aware that mistakes could happen but she put great emphasis on how the mistake was managed and how people had learned from them. She gave an example of how she had noted the error in recording medication and had immediately arranged refresher training for all staff.

The registered manager was able to provide all the documentation requested during the inspection. The documents viewed were well recorded and maintained with clear detailed information. The provider information (PIR) requested prior to the inspection was also most informative and held detailed information and evidence about the running of the service.

Staff told us they were well supported and felt empowered by the culture of the service. One person said "We are never afraid to speak our mind; we are encouraged to voice concerns or make suggestions. It really is a well-managed service".

We saw that within the organisation there was a clear structure of line management and each staff member understood that structure and how to escalate concerns should an issue not be resolved.

Records showed that a brief senior staff meeting was held weekly during which staff were updated with any significant events and any updates were updated to all staff via e-mail, text or telephone calls.

The service had a whistleblowing policy and records showed this had been drawn to staff's attention during supervision.

The statement of purpose and service user guide were in an easy read format to make it easier for people to understand them. They also held clear details of contacts in respect of compliments, concerns and complaints about the staff or services provided.

There were systems in place for monitoring the quality of the service. There were monthly checks carried out by the registered providers who completed an audit and action plan if any improvements were required. These included such things as staff training issues, people's money, medicines and records. The registered

manager ensured any requirements were actioned.

The service used a telephone monitoring system as a way of checking that staff attended and left each visit on time to ensure people were receiving services as per their care package.

The registered manager told us that she and the senior staff were able to visit the people who used the service on a regular basis to discuss their care, look at their care plans and medication records. She told us that annual surveys in the form of questionnaires were also used to gain people's perception of the staff and services. We noted that a complaints box was due to be put in the main office to enable staff or people who used the service to express any concerns anonymously.

The agency published a newsletter; this was distributed to people who used the agency as a means of giving up to date news and report events. The most recent newsletter was displayed in the office for staff and people to read.