

Jane Bennett Care Services LTD

# Jane Bennett Care Services Ltd

## Inspection report

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14 May 2018

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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 took place on 10 and 14 May and was announced. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. The service provides personal support to people by arrangement in their home in the local area. This was the first inspection of this service at this location. The service had been inspected previously at its former location and rated good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The service trained staff to protect people from the risk of abuse and staff had a good understanding of their roles and responsibilities. Staff knew how to report matters to the appropriate authorities if they suspected abuse was happening.

People were supported by a sufficient number of knowledgeable staff. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people chose.

There were systems in place so that staff were trained to administer medicines and people were either prompted or supported to take their prescribed medicines safely.

Staff were supported with supervision, annual appraisals, training and spot checks upon their practice.

People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ensured that people's health needs were effectively monitored.

The staff supported people to manage their health needs. The service had worked with GPs and other professionals to support people with their assessed support needs.

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 supported this practice.

The staff responded to people's needs in a compassionate and caring manner. Positive and supportive relationships had been built up between the staff, people using the service and relatives.

People were supported to make day to day decisions and were treated with dignity and respect.

The service had a complaints system of which people were aware and had received compliments from people using the service and their families about the support provided. People were supported to report any concerns or complaints and they felt they would be taken seriously.

There were systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

## 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

Staff had received training in recognising and reporting safeguards and systems were in place to minimise the risk of abuse.

All the people we spoke with felt safe when staff were in their home.

Risk assessments and resulting support plans were in place for people who used the service.

Medicines were administered safely to people by staff.

### Is the service effective?

Good ●

The service was effective.

There were systems in place to provide staff support. This included on-going training, staff supervision, appraisals and staff meetings.

The service worked in accordance with the Mental Capacity Act 2005.

Staff monitored and supported people as required regarding their nutrition and fluid needs.

The service communicated effectively worked with other professionals for the benefit of people using the service.

### Is the service caring?

Good ●

The service was caring.

People informed us they were treated with kindness and respect.

The service provided a small consistent team of staff to support people to meet their assessed care needs.

Staff supported people to maintain their independence.

### Is the service responsive?

Good 

The service was responsive.

People's care needs were assessed and the support provided by the service was clearly documented.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service.

The staff were knowledgeable about how to support people as they wished regarding end of life care.

### Is the service well-led?

Good 

The service was well-led.

There was a registered manager in post and people using the service and staff considered the service was transparent and issues could be raised and resolved.

There were clear lines of accountability within the service management team and staff were knowledgeable regarding their job roles and responsibilities.

Systems were in place monitor the service. This included audits of people's care.

# Jane Bennett Care Services Ltd

## **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.

The inspection took place on 10 and 14 May 2016 and was announced. The inspection was carried out by one inspector. There were 17 people using the service at the time of our inspection.

Prior to our inspection, we reviewed information we held about the service including the action plan supplied to us after the last inspection stating how and by when the service would improve. 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 spoke with four people who used the service and three relatives. We also spoke with the director who was also the owner and the nominated individual for the service, registered manager and four care staff members. In addition, we spoke with a social care professional who supported people using the service.

We looked at four people's care records and medicine records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service.

# Is the service safe?

## Our findings

Each person and their relatives we spoke with told us they felt safe when the staff provided support to them in their home. One person told us, "The staff come on time and know about my key safe. This is why I do feel safe with the staff I know very well." A relative told us, "The staff are understanding, they listen and always check the care plan to see if anything is different."

There were systems in place to minimise the risk of abuse and the registered manager was aware of their responsibilities to report abuse to the relevant agencies. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident. A member of staff thought the training they had received about safeguarding people was good. Another member of staff told us, "The training is detailed and we look at the different types of abuse."

Assessments were undertaken to assess risks to people and for the staff who supported them. A risk assessment was carried out as part of the initial assessment to determine if the service could support the person. The actions of what the staff should do had been clearly recorded in the support plan. These included health and safety risks within a person's home and risks relating to people's health and support needs. Members of staff told us how they would report risks and concerns to the senior staff. A member of staff told us, "I have known the manager to come out straight away to review the situation when I was concerned."

Staff explained how the staffing rota was compiled and they considered this was well done because it was done well in advance. We saw senior staff double checked the rota to ensure that a member of staff had been assigned for each call visit. The aim of the service was to provide each person with a small number of regular staff. One person told us, "I always have the same staff come to see me." We saw from the rota, records and the care plans in people's homes they were usually supported by the same staff which contributed to the support being consistent.

The registered manager informed us they currently had sufficient numbers of staff to provide the support to people in their own home. They explained that they were careful to ensure that there were enough staff employed to provide care before new people were assessed. The nominated individual explained this was a constant challenge and did result in the disappointment that the service was not always able to respond quickly to a person enquiring for support. The view of the senior team was that they wanted to ensure they had enough staff in place for existing people at all times. We saw effective arrangements were in place to cover potential sickness and holidays so that staffing levels were maintained.

People told us they had not experienced any missed calls and this was confirmed by the staff we spoke with. When staff were running late due to unforeseen circumstances, such as dealing with an emergency, the staff member contacted the office staff. In turn, a telephone call would be made by the office staff to advise the person of the delay. This was confirmed by the people that we spoke with and that it rarely happened. The registered manager and other management staff would cover an arranged visit to provide support if the usual member of staff was unable to fulfil the visit. The service also focussed upon providing support to

people within a local geographical region which also helped to maintain arriving on time, as travelling distances were kept to a minimum. One person told us. "The staff are reliable that is what I really like about them."

The senior staff informed us about staff recruitment and we saw the procedure that was used. Recruitment checks were completed to ensure staff were suitable to work with the people using the service. Staff were required to complete an application form with a detailed employment record. References had been sought and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with people using care services. Photographs were available for identification purposes and interview forms had been completed.

We saw that the service supported people with their medicines and when administered a record was made in the person's support plan appropriately. The reason for the medicine having been prescribed and the time for the person to take the medicine was recorded. Any allergies people had were also noted so that the staff and doctors would be aware of which medicines should not be prescribed. Staff explained to us the difference between administering and prompting people regarding their medicines and this was recorded. A relative told us. "It is a great comfort knowing that [my relative's] medicine is being given, as they had become forgetful."

Staff told us they had received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines. There was a policy and procedure for the safe administration of medicines. Part of the care review carried out by the service was to check medicines administration. Staff had worked with relatives to request a review of medicines by the GP when appropriate.

There was a policy and procedure in place for infection control and staff had received training about the importance of this subject. Staff had access to protective equipment, such as disposable gloves and aprons when required. Relatives informed us that when visiting everywhere was clean. Staff told us that part of their role was to maintain a safe environment for people and this included cleaning and reporting information to senior staff regarding repairs. The staff we spoke with were knowledgeable about the cleaning products and how to use them safely when supporting people.

The senior staff we spoke with told us how the service staff learnt lessons to improve and develop the service. They explained that all incidents, accidents and near misses were recorded and then analysed by the registered manager and senior staff to implement any necessary changes and improvements. This included reviewing the procedures in place for staff to be able to attend to care visits during times of unpleasant weather.



# Is the service effective?

## Our findings

People needs were assessed to determine if the service could meet the person's needs and to support them to achieve the outcomes as they wished. One person told us, "I am very pleased with the help I get, it has helped me to stay in my house." Staff explained to us that they were introduced to the person before they provided support and the registered manager talked through the support plan with them. A relative informed us that the staff had got to know their relative very well. This had given them confidence and peace of mind regarding the support being delivered.

Staff told us about the induction program and on-going training. New staff received an induction which included office based training and a period of time working in the community alongside an experienced member of staff. A member of staff explained to us, "The induction when you first start is detailed and team is supportive." We saw the induction covered dealing with emergency situations and working to support people with dementia. On-going training included subjects such as, moving and handling, infection control and food hygiene. Staff told us they were also provided with additional training as required to support people with specific needs. This was so that they could continue to support the person to meet their needs.

The management team had plans in place to supervise the staff. Supervision consisted of one to one sessions, plus staff appreciated being able to speak with a member of the management team at any time for support. All staff we spoke with told us they were very well supported by their supervisor. Staff also confirmed that the service carried out spot checks. This was when a member of staff came to see them working in someone's home and they would give them feedback as a result of this observation. The senior staff had also arranged a Tuesday afternoon open meeting when staff were encouraged to meet and discuss anything they wished about the service. In particular this focussed upon care delivery and provided an opportunity for staff to problem solve and learn from each other.

One person told us. "My support is around ensuring I have enough to eat and they are very good, I never go hungry." We looked at how staff supported people with their nutrition. This included food preparation and also monitoring people's dietary intake if there were concerns around a person not eating sufficiently. Staff told us how they encouraged and supported people with their meals. Any concerns identified were discussed with the person and brought to the attention of the manager to determine if additional support was required from another team such as dieticians. We saw that information was carefully recorded.

We saw that at the assessment stage, information had been collected about other professionals involved in the person's care. We saw that professional recommendations were recorded with guidance and diagrams for the staff so they could support the person with their mobility. We also saw that, where staff had requested visits from GPs, information had been recorded. One person was visited by a social care professional and the professional spoke positively about the support provided and the staff were knowledgeable about the person's needs.

People's care was reviewed as necessary and sixth monthly. A relative told us about a meeting with health professionals and the resulting actions taken by the staff which had supported the person's choice to

remain in their own home. The relative was very pleased with the way various services were working together to provide the support required.

The staff had received training regarding the Mental Capacity Act (2005). This Act provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The registered manager spoke to us about how the service had worked with people and their relatives with regard to best interest meetings and involving advocates as necessary.

## Is the service caring?

### Our findings

People were consistently positive about the care they received. People informed us that they were treated with respect and that staff were kind and caring. One person told us. "All of the staff are caring, very nice people." A relative said. "Understanding and caring is how I would describe the staff."

All the people using the service that we spoke with told us that they felt comfortable and were happy to have staff in their homes. People told us that staff were respectful when supporting them with personal care and that they acted in accordance with their wishes and preferences. A relative told us. "The staff are friendly and treat [my relative] with dignity at all times."

The registered manager told us that the service provided continuity of staff which helped staff to develop relationships with the people that they supported. They informed us the benefit of this was that it enabled staff to recognise and respond to changes in people's needs. This was confirmed by the people that we spoke with, who informed us they had a regular team of staff who met their needs. One person told us. "It is really nice to have the same people coming. I know them well and trust them."

The support plans showed that people had been involved in making decisions about the support that they received. Family members informed us that they had opportunities to express their views about the care and support that their relatives received. Reviews of care were planned in advance and brought forward should the need arise. A relative told us. "The staff respect the wishes of [my relative], changes are discussed at the reviews."

The support was delivered in a way that took account of people's individual needs and maximised their independence. Staff told us that they did not have to rush or shorten visits. A member of staff told us, "We have the time to provide the care that people need." People and their relatives informed us that staff promoted independence and choice and encouraged them to improve and to be as independent as possible. One person told us, "The staff are good, there are things I do as much as I can and they do the rest."

People and their relatives said that they were provided with information about the service to help them understand what support they could expect from the service before staff began supporting them. We saw that a contract of support had been drawn up for each person which was individualised with the care required.

## Is the service responsive?

### Our findings

All of the people we spoke with told us that an assessment of their needs was carried out by a member of the management staff before a service was offered to them. One person told us, "I thought they covered all of the main areas and points that gives you confidence." The registered manager informed us at this point the number of visits per day and preferred times were discussed and agreed. The service provided a maximum of three visits per day unless in an emergency. The service worked with the people using the service and other services to arrange call visits in the early to late evening. This is because the service does not provide call visits into the later evening. This was clearly understood by all of the people we spoke with about the service.

All people told us they had a support file. We looked at support files in the office and in people's homes and saw that the information given was consistent. The registered manager explained to us the system they used to ensure that the support files were accurate copies of each other. Information included an assessment to identify people's support needs, risk assessments and guidance about how to meet people's needs. The management team carried out visits to people, following the commencement of a care package to determine that the care plan was suitable and make arrangements for any required changes. We saw how the plan related to the daily records which had been completed for each visit made by the care staff.

Our observations and feedback from people who used the service and relatives showed that the staff knew people well and staff respected people's choices, preferences and decisions about their support needs. One person told us, "[Staff] never assume and always ask what drink I want."

People were actively encouraged to give their views and raise concerns or complaints about the service. People were given a service user book when they started using the service and we saw this provided information on how to raise a complaint. A staff member told us, "If a person made a complaint to me, I could try probably to sort things out. I would record it and pass the information to the office." The registered manager informed us that the service had not received any written complaints. They considered this was because the service was run to support people well and the staff and management team worked hard to resolve any matters at the time. They informed us this was all about communication and constantly checking that people were satisfied that everything had been done that was required after each visit.

People we spoke with said they would talk to the staff or ring the office if they had a problem. A relative told us, "I have known the senior people for a long time and doubt we will ever have a complaint but I am sure we could sort any problems out very quickly."

All the staff we spoke with said they would make people aware that they could make a written or verbal complaint and would support them if they needed assistance. We saw there was a clear complaints policy and procedure and we were aware of a number of compliments that had been made about the service. For example, a relative had written to the service staff to compliment them upon the support they provided to their relative.

At the time of our inspection, the service was not supporting anyone that was terminally unwell. However, the senior staff had considered that people through their choice may wish to stay with the service when they were terminally unwell. The view was to work with other professionals should this situation occur to support the person as per their choice. The senior staff were working upon advance planning for such events to be introduced for discussion as part of the review process. In the past the service had worked with other services and professionals to support people diagnosed as terminally unwell to be supported in their own home.

## Is the service well-led?

### Our findings

The service had an experienced registered manager in post. We received positive feedback about the registered manager's leadership. Staff told us they were approachable and supportive. They also informed us the director was understanding and approachable. A member of staff told us, "This is a good place to work because I feel supported and we can call into the office staff at any time." The director told us that they took time to assign staff to people using the service in an attempt to find people that would naturally get along together.

One member of staff told us, "There are regular 'spot checks' from the manager." A spot check is when a senior person visits a member of staff without warning. This is to check the staff have arrived on time and carry out the designated support as per the support plan. We saw records of spot checks. For each question, such as was the person wearing an ID badge, as well as yes or no, there was also space to document the conversation between the staff member and registered manager. This was a learning opportunity for all and comments made were checked during the next spot check to see what progress had been made.

The service had a whistleblowing policy, which was available to all staff. Staff told us they would report a concern and had confidence in how the situation would be investigated. All the staff we spoke with informed us they received support through training, supervision and annual appraisals. Staff told us they thought communication was very good and one staff member told us, "The support is very good, there is always someone at the end of the phone if we need them." The provider explained to us that they and the registered manager took it in turns to provide a 24 hour on-call support service which staff could use at any time.

There were systems and processes in place to monitor the service, identify and drive improvements forward. The provider and registered manager held meetings regularly to plan, operate and monitor the service and in turn information was given to the staff at team meetings. The management team also arranged regular audits to consult with the people using the service, their relatives and members of staff.

Staff told us that they felt included in the running of the service and that it was a good team. A member of staff explained to us that for the vast amount of their working time they were with a small number of people who used the service and hence they got to know each other well. They were content to support other people but this very rarely happened, as staff were rarely absent. The senior staff worked with staff to arrange holidays so that there were enough of the regular staff to provide support to each person.

There were on-going reviews of the support provided by the service to make sure the support was to people's satisfaction. A relative told us, "[My relative] was unwell and the service suggested we reviewed to check the support was still satisfactory and if there should be any changes. This was done with the minimum of fuss and was well organised."

The director and registered manager considered this face to face contact a strength of the service that enabled them to respond quickly to any change of circumstance. After the review of the support required

the service worked quickly to implement the agreed changes. During our inspection, the service had worked with the hospital to arrange for a person to return home and to ensure the service could meet their changed support needs. This meant the service was working with families and professionals in partnership to support people to meet their needs.