

J.O.T. Limited

# Care Select

## Inspection report

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23 July 2021

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Care Select is a domiciliary care agency providing personal care to approximately 75 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their families told us without exception they felt safe with the staff team with staff and management being reliable and supportive. They told us staff supported them with medicines in a timely manner and were equipped to ensure personal protective equipment (PPE) was used at all times during the ongoing COVID-19 pandemic. New staff underwent appropriate recruitment checks to ensure their suitability to support vulnerable adults.

People told us that while they had not had to make a complaint; they were aware of how to do this and were confident that their concerns would be listened to and acted upon. People were aware of the contents of their support plans. They had the opportunity to contribute to these and to influence their support. These plans were person-centred and regularly updated when and if needs changed. The limitations some people had with their senses were taken into account within support plans and in staff interactions.

The governance of the service had improved following our last visit. People felt as though they were supported by a well-led service and were complimentary of the staff and the management team. They were involved in commenting about their care on a regular basis. Staff felt supported and that the management team listened to them. Staff practice was monitored regularly and despite pandemic restrictions; staff had maintained contact with their respective manager.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 3 April 2020). 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.

### Why we inspected

This was a planned inspection based on the previous rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Select on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Care Select

## 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

The inspection was carried out by an 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.

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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 24 June 2021 and ended on 23 July 2021. We visited the office location on 24 June 2021.

#### What we did before the 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We reviewed a range of records. This included six care plans, complaints records and quality assurance audits. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, other management staff and support staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data and 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.

### Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment practices. 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 19.

- Recruitment processes were robust.
- Newly recruited staff had undergone checks to confirm their suitability to support vulnerable people.
- Improvements in references and exploring employment gaps had been made.
- Staff recruited since our last visit confirmed that their recruitment had been thorough and fair.
- People told us, "They [staff] are always on time" and "They [staff] always turn up, if they [staff] are going to be a little late they [staff] will let me know".
- Staff received their rotas in advance and confirmed that their workload was manageable.

### Using medicines safely

At our last inspection the registered provider failed to ensure the safe management of medicines. 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.

- Medicines were safely managed.
- Medication administration records (MARS) were now fully completed and where omission had been made; a reason for this was documented.
- Staff confirmed they had had training in medicines and that their competency to do this safely checked.
- Risks faced by people in being prescribed some medicines were taken into account.
- Processes for the administration of medicines which were "As required" were coherent.
- People were encouraged to manage their own medicines if it was safe to do so.

## Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the registered provider failed to ensure robust oversight of the service to ensure it was safe and effective. This was a breach of regulation 17 (Governance) 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 17.

- People were protected by the risk assessments in place.
- Risk assessments were up to date and were individual to the people they referred to.
- Improvements had been made in acknowledging when things had gone wrong and how they could be prevented in the future.
- People were involved in the process of identifying risks they faced both individually and in their wider home environment.
- The registered provider had responded to shortcomings identified at our last inspection.

## Systems and processes to safeguard people from the risk of abuse

- People and their families told us they felt safe with the staff team and had fostered positive relations with them.
- Staff were clear about action to take if they witnessed or suspected abuse and had received appropriate training.
- The registered provider had clear systems to report on any safeguarding concerns

## Preventing and controlling infection

- People told us that staff always wore personal protective equipment (PPE) when they were supported. They told us "I have felt safe with them [staff]" and "They [staff] have still come to help me despite Covid".
- Staff had supplies of PPE and had received training and information on how to don and doff this.
- Staff confirmed that they were tested regularly and had felt supported by the management team.
- Measures were in place in the office to minimise spread of infection.



# 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.

### 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.

At the last inspection we recommended the registered provider seek information on how to meet their responsibilities in regard to the AIS. The provider had made improvements.

- No-one required specific alternative formats to understand information presented to them by the registered provider at the time of our visit.
- Information was in place in care plans indicating the best staff approach to communicate effectively with people.
- Information about any sensory limitations people had were recorded in care plans.

### Improving care quality in response to complaints or concerns

- The registered provider had appropriate systems in place to respond to any complaints received. This visit found improvements had been made.
- Complaints records indicated a coherent response to complaint and evidenced action taken.
- People and their families told us that they had the information needed to raise a complaint although they told us "Everything has been fine with the service" and "I am quite happy but I know what to do if I had a complaint".

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received reliable and timely support.
- People and their relatives without exception were positive about the standard of support they received.
- They told us "I'm happy they look after [name] so well" and "Apart from helping me with my daily needs; they [staff] have been really good company."
- People were involved in their support plans and felt that they could influence it through reviews and comments.
- Support plans had been reviewed and were up to date. They outlined the main needs people had and how these would be met.

- No-one was in receipt of end of life care at the time of our visit.
- There was evidence wishes of people had been captured by the service for the future if required.

# 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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

At our last inspection the provider had failed to notify us of key events as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We also found systems were either not in place or robust enough to demonstrate the oversight and governance of the service was effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- CQC now received notifications of key events from the registered provider in line with requirements.
- The registered provider's systems and processes for the management and oversight of the quality and safety of people's care and support was now consistently implemented.
- Quality assurance systems were effective in gaining an oversight of the quality of the support people were provided with.
- Staff practice was regularly checked through spot-checks by senior staff who subsequently fed this back to staff through supervision.
- The registered provider had improved arrangements to monitor the management of medicines, risk and recruitment in line with requirements identified at our last visit.
- Daily records and care plans were audited regularly.
- The rating from the last inspection was on display on the registered provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their families were uniformly positive about the care they received. They told us "They [staff] go the extra mile" and "[Name] the manager is very involved in supporting staff and sorting any issues out".
- Staff felt supported and provided examples of the level of practical assistance they received from the care manager. They said "If we need help [name] is always there to assist; even in [names] own time."
- People and their families told us their health and well-being had improved during the time they had been supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families felt involved in the support they received and had the opportunity to comment on this. They felt they were listened to and comments acted upon.
- They had the opportunity to comment formally through questionnaires in order the service to further refine the quality of support they received.
- Staff meetings had been limited during COVID-19 restrictions, however, staff confirmed they had had regular contact with management by telephone during the pandemic.

Continuous learning and improving care

- The service had sought to improve the quality of their care.
- The breaches of regulations identified at the last inspection had been addressed and acted upon.

Working in partnership with others

- The service worked closely with people and their families to initially assess the support they required and how effective this was on an ongoing basis.
- The service liaised with other professionals such as social workers and medical professionals to enable people to be safely supported in their own homes.