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5 jewels home care

Inspection report

10 Carlton Business Centre
Carlton
Nottingham
Nottinghamshire
NG4 3AA

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

5 Jewels Home Care is a domiciliary care agency. On the day of our inspection nine people were receiving care and support from 5 Jewels Home Care.

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

Staff did not receive medicine competency checks to check practices were safe prior to administering medicines. Governance and performance management systems were not always effective.

We have made a recommendation about the Accessible Information Standard.

Recruitment processes were not always of good quality but remedial action had been taken to address concerns. New staff received an induction. The service received the input of other healthcare professionals where needed.

Staff were caring. Everyone we spoke with were complimentary about staff and the service. People and their relatives told us they very happy with the service and had no concerns. People were treated with dignity and respect. Support plans were accurate, although information relating to support plan reviews were not always recorded.

The provider had a complaints procedure in place. People and their relatives were aware of how to make a complaint. People and staff were consulted and asked for feedback about the quality of the service.

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. The provider was working within the principles of the MCA.

People and relatives were involved in decision making. Staff were responsive to people's needs and wishes and knew people well. People were offered choices and encouraged to remain independent. People's views were sought and action taken to improve the service from these.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance. For requirement actions we are able to publish at this time, please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

5 jewels home care

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

One inspector conducted the inspection.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

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 6 September 2019 and ended on 17 September 2019. We visited the office location on 10 September 2019.

What we did before the inspection

Prior to the inspection we had received information about the service since its registration on 12 September 2018. 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 the registered manager who is also the registered provider and three members of staff including the care manager and two care workers.

During the inspection we looked at two people's support plans in detail which included a range of support plans and risk assessments and one person's support plan on a specific topic. We reviewed a range of documents relating to how the service was managed including; three staff personnel files, staff training records, policies, procedures and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to medicine competency assessments.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff did not always receive medicine competency checks to check staff practices were safe. The registered manager told us they formally introduced staff to clients prior to support being provided and would ensure staff knew how to administer medicines correctly during the introduction. However, we found there was no written evidence medicine administration competency assessments had been completed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded after the inspection and confirmed arrangements for staff medicine competency assessments had been put in place.

- Training records confirmed that staff had received training on the administration of medicines.
- People had individual medication administration records (MARs). We saw MARs were returned to the office and audited to ensure people received their medicine as prescribed. We found areas of concern identified through the audit process had not been progressed by the registered manager in a timely manner. This is discussed further in the well-led section of the report.
- Some people looked after their own medicines and some people required support from staff to take medicines. Where people required support to take their medicines this was recorded in their support plans and provided clear guidance for staff. For example, one person's support plan stated they liked to take their medication with water and with their breakfast.

Learning lessons when things go wrong

- Staff were aware they needed to report any incidents or accidents to the office if they occurred. The registered manager told us incidents or accidents were routinely recorded in people's support plan they kept at home, although there had been very few since the service was registered. We found these were not routinely recorded on the electronic office management system. This meant incidents or accidents analyses were not reviewed. The registered manager assured us this would be rectified. We will review the progress of this at our next inspection.

Staffing and recruitment

- Robust recruitment procedures were not always followed when appointing new staff. We reviewed the

recruitment files for three staff, records showed references for two members of staff had not been sought from their last employment. However, we found an audit of all recruitment files carried out by the care manager had identified the same issues and remedial action to address the concerns was being progressed.

- Due to the current size of the service, we found enough staff were available to support people. Where necessary, the registered manager and care manager provided support to people.
- People told us they consistently received care from the same staff. This helped to build positive relationships and provide consistency of support. One person said, "I have had the same one [referring to a staff member] for a few months now."

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed. These explored areas such as medication and moving and handling.
- We saw environmental assessments were also completed in people's homes regarding the safety and suitability of the environment. Assessments were completed on commencement of support.
- People and relatives confirmed the service provided out of hours 'on-call' support in the event of an emergency or issue arising. A person told us, "I have two to three numbers I can ring." A relative said, "I have been given a number to contact. I've not had the need to use it."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, absolutely. I can't fault them." A relative said, "Yes, I feel my [relative] is safe. They [referring to staff] are all very good." A second relative told us, "Oh yes. Absolutely. We're very happy with them."
- Staff told us they would report any concerns they had to the registered provider, the local authority's safeguarding team and CQC if they needed to.
- Safeguarding information was displayed on the notice board at the office location. There had not been any concerns since registration.

Preventing and controlling infection

- The registered provider had infection control procedures in place. People were protected from the risk of infection.
- Personal protective equipment (PPE) was always available for staff. Staff told us there were plentiful supplies of PPE. This protected people from the risk of acquiring an infection.

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.

This is the first inspection for this newly registered service. This key question has been rated as 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

- Support plans were person-centred. This meant care was planned and delivered in line with people's individual needs.
- The service obtained and evidenced people's consent to their care and people told us staff gained consent before providing care. Staff we asked were aware of the importance of obtaining consent when providing care and support.
- Support plans documented the involvement of people, their relatives and where appropriate any health and social care professionals. This ensured all the person's needs were considered and addressed.

Staff support: induction, training, skills and experience

- Staff told us and records evidenced they had completed an induction training programme. The care manager told us staff new to care were required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed staff had completed training relevant to people's needs. Records showed staff were encouraged and supported to undertake additional non-mandatory training to enhance their skills.
- Staff had the knowledge and skills required to meet people's needs. People told us staff were well trained. A relative said, "Staff seem competent. There is no problem with training. Staff seem to know what they are doing." A second relative told us, "I have no concerns regarding training."
- Staff received supervisions in line with organisational policy. Plans were in place for staff to receive an annual appraisal when they had completed one year of service.
- The registered manager told us they carried out field-based spot checks to monitor the quality of care staff provided. However, we found there was no written evidence to support these had been completed. This is discussed further in the well-led section of the report.

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

- People were supported to receive a balanced diet where needed. This took into consideration their preferences and dietary requirements. There were details in people's care file, where appropriate, showing that their needs had been assessed in relation to nutrition and hydration.
- People told us that where staff were required to provide them with food and drink, their personal preferences were offered. One person said, "They always make me a cup of tea." A relative told us, "Staff make meal suggestions, for example, suggest [Person] might like a boiled egg for a change."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed. Key information was recorded on any specific medical conditions people had and how staff should be aware of or manage these.
- Advice provided by healthcare professionals was incorporated into people's support plans, so staff were providing care and support which met people's health needs.
- People were supported to attend health and other appointments if family members were unable to do so.

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.

- We found the service was working within the principles of the MCA.
- People's capacity to make decisions was assumed unless there was evidence to suggest otherwise. Mental capacity assessments were in line with current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and their relatives spoke positively about the care they received. Comments included, "Brilliant", "They can't do enough for you" and "They are very good."
- People were happy with how they were cared for and said that staff had developed supportive relationships with them. A person said, "Staff are polite to me." A relative told us, "I often hear laughing and friendly banter when staff are supporting [Person]."
- Staff told us how they promoted and supported people to follow routines of their own choosing. We were told visits were flexible and enough time was always made available. A relative described how the service continued to be extremely flexible to provide extra support calls when these were required on an ad hoc basis. They told us, "[Name] referring to the registered manager, is very accommodating. As long as I give notice, they fit in around what we need."

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

- People told us they were involved in making decisions about their care and support and were confident their views were listened to, valued and acted upon. They felt 'in control' of the care and support provided and confirmed they had been consulted and actively involved in the writing and reviewing of their support plan. A person told us, "We did a support plan review last week. I was asked about my thoughts."
- Information was person centred and included what was important to them, such as 'things that are really important to me' and 'things that I would like to happen'. For example, one support plan recorded, 'Once awake [Person] likes to get dressed straight away'.
- Support plans were written in a way that respected people's choices, wishes and individuality. This included signed consent forms, how they wished staff to address them and their preference regarding support from male or female care workers.

Respecting and promoting people's privacy, dignity and independence

- Sensitive personal information was stored securely.
- People told us staff respected their privacy and dignity when providing personal care.
- Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. For example, a member of staff said, "I always make sure my clients are covered appropriately when helping them in a morning."
- People were supported to remain independent. A person said, "They see if I can do things and let me do it." A second person told us, "I am very independent. Staff don't stop me from doing things unless they see I am struggling."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as 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

- Support plans were person centred and contained guidance about people's personal preferences and how they liked to be supported. For example, one support plan recorded the person does not like their tea made in a mug as they preferred it in a cup and saucer. They also provided staff with a clear overview of the level of support and tasks required at each visit.
- Staff told us they routinely looked in the support plans to familiarise themselves with a person's requirements and support needs. A member of staff told us, "They can be updated at any time so I do read these. I usually get a notification if something has been added or changed, the office usually phone me."
- The registered manager told us they reviewed support plans six monthly or when the person's needs changed and involved family members when appropriate. However, we found limited written evidence was available on inspection. A relative we spoke with confirmed they knew their family member had a support plan in place. They said, "[Name] referring to the registered manger, has gone through the plan."
- We saw daily records were completed by staff detailing the care and support they had provided during each visit and these were returned to the office for audit purposes. We found areas of concern identified through the audit process had not been progressed by the registered manager in a timely manner. This is discussed further in the well-led section of the report.

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.

- The registered manager was not aware of the AIS and providing information in alternative formats had not been considered, for example audio, braille, easy read or large print. However, they told us no one they currently supported required this. We found the principles of the standard were followed in some areas, for example, in one person's support plan it stated a person's sugar levels may affect their communication levels and gave guidance for staff to follow. This is discussed further in the well-led section of the report.

We recommend the provider consider current guidance on the Accessible Information Standard and take action to update their practice accordingly.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. Information on how to make a complaint about the service was displayed in the office. At the time of inspection, no complaints had been received.

- People and their relatives told us they knew how to complain should the need arise. Comments included, "Yes I would raise a complaint. I know who to talk to" and "I would talk to [Name] referring to the registered manager.

End of life care and support

- At the time of inspection no one required end of life care. However, the registered manager told us end of life support plans would be put in place if appropriate, which would include people's wishes. We saw support plans include information whether 'Do not attempt cardiopulmonary resuscitation' orders (DNACPR) were in place, to ensure people's wishes would be carried out.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- During the inspection we found that systems and processes were not fully established and operated effectively to ensure the service was meeting the fundamental standards in terms quality and safety. As identified earlier in the report, areas of concern identified through audit processes had not been actioned or followed up. Accidents and incidents were not regularly reviewed or analysed. There was no documentary evidence to demonstrate support plan reviews and staff spot checks had taken place. The registered manager was not aware of their responsibilities in relation to the Accessible Information Standard.

We found no evidence people had been harmed however, the provider had failed to robustly and effectively assess, monitor and improve the quality and safety of the service provided to people. This placed people at risk of harm. This was a continuing breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was also the registered provider and had been running the service for 12 months. They received support from a care manager who had joined the service four months prior to the inspection, with the intention they would take over the role of registered manager. The registered manager told us this would be happening imminently.

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

- The registered provider was not familiar with the duty of candour terminology. However, understood their responsibilities regarding being open and transparent.

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

- The registered manager and care manager had a thorough understanding of the people they were supporting, their needs and requirements.
- Staff were positive about the registered manager. They said, "[Name] referring to the registered manager, is very approachable. I would feel comfortable about raising concerns" and "I do feel I can talk to her about anything."
- The registered manager had an 'open door' management approach which meant they were easily available to people, relatives and staff.

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

- There were systems in place to ensure effective communication including the use of phone calls, text messages and staff meetings. Records we looked at showed staff meetings were being held. The care manager told us minutes of the meetings were also shared with staff electronically.
- Surveys were given to people who used the service and their family members. The results of these surveys were reviewed by the registered manager. We saw the survey results were extremely positive.
- We saw examples of compliments and positive comments from people and relatives. For example, a thank you card from one person stated, "Thanks for all you've done and being a friend".

Continuous learning and improving care

- The registered manager acknowledged that further development of quality systems was needed to achieve compliance with the regulations.

Working in partnership with others

- Evidence we looked at demonstrated the service worked in partnership with the wider health care professional team. Records noted the involvement of GP, occupational therapists and district nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of people's medicines was not safe.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Ineffective governance, auditing systems and processes to assess, monitor and improve the quality and safety of the service.