

Just a Little Company (Care and Support at Home) Ltd

Just a Little Company

Inspection report

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27 February 2019

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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

About the service: Just a Little Company is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection there were 34 people using the service.

People's experience of using this service: The service continued to meet the characteristics of Good in all areas.

People continued to receive care that was safe. The provider's arrangements for people's care helped to protect people from the risk of harm or abuse. Staff were safely recruited and deployed to provide people's care. Risks to people's health, associated with their care and related safety needs, were effectively monitored and managed. Staff supported people to take their medicines safely when required. Relevant management checks of staff care practice and competency helped to ensure people's safety when they received care.

People continued to receive care that was effective. People's care needs were effectively accounted for in consultation with them or their representative. Staff supported people to maintain or improve their health and nutrition when needed. People's care was provided in the least restrictive way possible and to maximise people's choice and control in their care. Staff were trained, informed, supported and worked closely with relevant agencies involved for people's care. This helped to ensure people received consistent and informed care, agreed with them.

People continued to receive care from kind, caring staff. The provider promoted an inclusive culture of shared care values, where staff knew people well and what was important to them for their care. People were treated with respect by staff who ensured their dignity, choice, independence and rights when they provided care. People were informed, involved and supported to understand, agree and make ongoing decisions about their care.

People continued to receive personalised care that was timely, responsive and tailored to their individual needs and wishes. Care was agreed and provided in a way that helped to optimise people's independence, autonomy and inclusion. People were confident and knew how, to raise a concern or make a complaint if they needed to. People's views and feedback were regularly sought. Findings from this and any complaints received were used to help inform and ensure any service improvements needed. Work was in progress to ensure operational care policy met with nationally recognised standards concerned with end of life care.

The provider operated effective governance systems to ensure the quality and safety of people's care and for sustained or timely service improvement when needed. Staff understood their role and responsibilities for people's care. Operational management arrangements helped to ensure effective care and related communication and record keeping. The service worked in partnership with people, their representatives and relevant external educational, health and social care agencies when needed, to inform and optimise people's care experience.

More information is in the full report.

Rating at last inspection: Good. Report published 4 August 2017.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-led

Details are in our Well-Led findings below

Just a Little Company

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by a single inspector.

Service and service type: Just a Little Company is a domiciliary care service, providing personal care and support to people in their own homes. CQC regulates the personal care provided.

There had been a change of provider ownership and office location for Just a Little Company, since our last inspection. The registered manager had recently left their employment at the service. A registered manager is legally responsible for how the service is run and for the quality and safety of the provide. However, a new manager had been subsequently appointed and begun managing the service. They had submitted a registration application to us.

Notice of inspection: The inspection was announced. We gave the service two working days' notice of the inspection site visit. This was because we needed to ensure the manager and care staff were available to speak with us; and people's consent was obtained, for us to speak with them or their relative about their care experience.

What we did: We looked at information we held about the service to help us plan the inspection. This included written notifications the provider had sent to us when required, to tell us about any important events that happened at the service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is information we may ask the provider to send us, usually at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. However, we gave the manager and provider opportunities during the inspection, to give us any relevant updates from this.

The inspection site visit activity started on 26 February 2019 and ended on 4 March 2019. We used a range of

different methods to help us understand people's experiences. We visited the office location on 26 February 2019 to speak with the provider, manager, deputy manager, a care coordinator and four care staff. We also reviewed three people's care records to check whether they were accurately maintained. We spoke with six people and three relatives by telephone on 27 February 2019. We also received written feedback from another person, a relative and a solicitor, legally appointed to act on behalf of three people who used the service. We visited the office again on 4 March to look at a range of records relating to management of the service. This included management checks of the quality and safety of people's care; staffing, medicines and complaints records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt they, their homes and possessions were safe, when they received care from the service. One person said, "Yes, I know I am completely safe; They send two staff to help me move safely; The manager checks regularly with me to make sure things are ok." Another person told us, "I feel absolutely safe with my care staff."
- People were informed and confident to report any safety concerns if they needed to; and felt management would listen and act promptly to ensure their safety.
- Staff understood how to recognise and report any witnessed or suspected abuse of any person receiving care.

Staffing and recruitment

- Staffing arrangements were safe and sufficient. One person said, "The carers come in reasonable time; They always stay for the time agreed. Three people's legal representative told us, "Just a Little Company agree the appropriate time for each care visit and stick to these times."
- Staff described safe procedures for their recruitment and deployment, which the provider's related records showed. This included relevant employment, criminal and character checks, which the provider obtained before any offer of employment to staff for people's care.
- Staff deployment arrangements were effectively ensured via planned staffing rotas and an electronic care call monitoring system. This helped to ensure people received timely care calls as agreed with them.

Assessing risk, safety monitoring and management

- People were confident staff understood how to keep them safe when they provided care. One person said, "My health condition is very unstable; My care staff know exactly when this is happening and what to do to keep me safe; My health worker will tell you exactly the same." The person's relative said, "It's such a relief now, to know [person] is in safe hands."
- Risks to people's safety associated with their health condition, environment or any care equipment used were assessed with people before they received care and regularly reviewed with them.
- Staff understood the care steps to follow, to help reduce any risks to people's safety, which were recorded in people's written care plans. For example, to help people to move, eat and drink or take their medicines safely. One care staff member said, "We have training and we are checked to use care equipment and give medicines safely. Staff training records also showed this, which helped to ensure people's safety."
- Staff understood the provider's operational procedures concerned with people's safety and also their own; such as in the event of any health incidents or emergencies. This included related communication, record keeping and reporting procedures.

Using medicines safely

- Staff were trained and understood how to support people to take their medicines safely when needed. Related written procedures were provided for staff to follow to further ensure this.
- People confirmed they received the level of support agreed with them, to enable them to take their medicines safely at the times they needed them.
- Regular management checks were made of staff's individual competency to give and record people's medicines safely. This helped to ensure people's medicines were safely managed.

Preventing and controlling infection

- People said staff followed safe hygiene practices when they provided their care. This included wearing personal protective clothing (PPE) such as disposable gloves and aprons when needed.
- Staff were trained and understood the universal principles of infection prevention and control for people's care. All staff we spoke with confirmed they were supplied with sufficient amounts of PPE to use when they provided people's personal care. This helped to reduce the risk to people from of an acquired health infection

Learning lessons when things go wrong

- The provider had established arrangements for the ongoing monitoring and analysis of any health incidents or accidents relating to people's care. This helped to identify any trends or patterns, which could be used to inform or improve people's care relating to their safety needs, when required.
- There had been no safety incidents resulting in any significant harm or injury to any person using the service since our last inspection. The manager told us about a potential safety incident relating to one person's care, which was classed as a 'near miss.' Related records showed relevant management action was subsequently taken in a timely manner to introduce additional care measures for staff to follow, to ensure the person's ongoing safety and help prevent any re-occurrence.

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

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.

- People's personal care needs and choices were assessed with them or their representative before they received care. People and representatives were happy with the care they received from the service and felt staff fully understood and followed their care needs and choices. One person said, "Staff are very good, they always follow my care plan and can relate it to my health condition."
- Staff were provided with the information they needed about people's and showed us they understood the care needs of people they supported. One staff member said, "We always get the information we need before we provide people's care; Care plans are regularly reviewed with people by a senior staff member; it's important we consistently give the right care."
- People's care plans we looked at were reflective of nationally recognised best practice guidance and were regularly reviewed with them. This included routine reviews or following any changes in people's health condition. For example, in relation to people's support with their mobility or skin care.

Staff skills, knowledge and experience

- Staff were trained and supported to provide people's care safely and effectively. One person told us, "The company is brilliant; Since they took over, everything is better; They are a great care team and most definitely know what they are doing." A relative told us, "The care is five star."
- Staff said they were trained and supported to provide people's care. This included support to achieve recognised vocational qualifications and to progress. One staff member said, "We have thorough training and competency checks; they made sure I was competent as well as confident to provide [person's] care; and they checked with [person] the same." A newer care staff member told us, "I had a very thorough care induction and felt well equipped, ready and supported for my role; There's no such thing here as a daft question."
- The provider used a range of methods to ensure staff were trained, supported and informed to provide people's care. This included any bespoke training required, to enable staff to effectively support people living with complex health needs. All new care staff were expected to undertake the Care Certificate, following their initial care induction. The Care Certificate promotes a national set of care standards, which non-professional care staff are expected to adhere to when they provide people's care.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the MCA, 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 said staff always asked for their consent before they provided care and checked they were happy before leaving them.
- Where people were unable to make specific decisions about their care because of their health condition; their care plan showed how care was determined in their best interests and least restrictive manner.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain or improve their health and nutrition when needed. One person said, "The carers do a great job; they are working with the physio to help me get up the stairs again. One person's representative told us, "They sorted [person's] hospital admission and the care staff were there to support a smooth discharge, when the hospital sent [person] home at 8 o'clock at night; They provide excellent care."
- Staff understood people's individual health conditions, how they affected them and followed people's related personal care plans. This included any instructions from relevant external health professionals involved with people's care. One person said, "They help me to stay as healthy as possible; and encourage me to stick with the right diet for my health."
- Standardised arrangements were in place to ensure relevant information sharing for people's care with relevant external care providers. Such as in the event of a person needing to transfer to hospital, or in the event of any health changes. This helped to ensure people received consistent, timely and informed care, as agreed with them, or their representative.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their representatives had good relationships with staff who knew them well and treated them with respect. One person said, "My care staff know me well; They treat me properly and with respect; They know how I am and accept how I am." Another person said, "Care staff are lovely; they listen and are always very considerate, kind and caring – all of them."

One person's representative told us, "The care staff have a fantastic relationship with [person]; who has a much better quality of life from their input; They really take account of the whole person, not just the task."

- Staff understood the importance of establishing effective relationships with people and knew how to communicate and support people in the way they understood. Feedback we received from people or their representatives showed staff followed the provider's published care aims and values to ensure people's dignity, rights and inclusion in their care.

- Key service information was provided in a range of alternative formats, to help people understand what they could expect from the service. For example, audio cassette or large print. This included information about how people's rights and choices in their care would be ensured.

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

- People were involved in agreeing and reviewing their care plans and making decisions about their care arrangements. This included, meeting and agreeing key care staff for their care. One person told us, "Just a Little Company has gone from strength to strength over the last 12 months; I am involved in all aspects of interview, job advert and directing my day to day support to meet my needs."

- Staff we spoke with gave many examples of how they ensured people's involvement and choice when they provided care. Such as choice of clothing, meals, drinks and to follow people's preferred daily living routines

- People's care plans showed their choices, preferences and communication needs for their care, which staff followed.

- People were provided with information about how to access independent advocacy services, if they needed someone to speak up on their behalf. Some people had legally appointed advocates, who staff knew to consult with when required.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's dignity, privacy, choice and independence when they provided care. One person said, "The care staff always treat me properly; I make my own choices and they know and respect that." A relative told us, "The carers are highly respectful and caring; They are always mindful of [person's] dignity and lifestyle choices and they were brilliant in supporting [person] at their own pace, to make a positive healthy lifestyle change when needed; It's very refreshing to know there is a company like this."

- Introduction of a revised holistic care planning system was in progress to further promote people's rights in their care. One person said, "I have been involved in working on care policy with the provider, to make sure the workforce fully understands and treats people as individuals with equality, dignity and respect; and to enable as much choice and control over their lives." Related staff training, ongoing consultation with people and regular management checks of their care, helped to ensure this.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received timely, individualised care that met their needs and preferences. Everyone we spoke with gave positive feedback and said they would recommend the service to friends and family; often adding supporting comments such as, 'With no hesitation' or 'Absolutely, without any doubt.'
- The provider regularly engaged with people using the service in a way that helped to inform and ensure personalised care provision. For example, we spoke with one person who had extensive personal life experience of using a range care services. As well as receiving personal care from the service, the person regularly worked alongside the provider, to help inform the development and delivery of personalised care principles. The person told us, "I have found it easy to work with and receive care from Just a Little Company; Their values are same as mine for person centred care; Usually, my experience has been that you have to 'fit in' with care providers; Here they work with you to find the best care solutions for your benefit." Another person said, "My care is actually personalised in the true meaning of the word."
- Staff understood and followed people's individual needs and preferences for their care, which were recorded in people's care plans for staff to refer to. This included people's preferred lifestyle, daily living routines and their communication needs. This showed the service was pro-active in ensuring people's needs were met in way that optimised their autonomy and inclusion.
- People were informed, supported and signposted to relevant external agencies and support networks when needed. This included supporting people to help regain their confidence or physical ability to carry out routine daily living tasks, to enable people to live as independently as possible.

Improving care quality in response to complaints or concerns.

- People and their representatives knew how and were confident to make a complaint or raise any concern about their care, if they needed to.
- Record showed two complaints received in the preceding 12 months, which were investigated and acted on to the satisfaction of the complainant. One of the complainants had subsequently written to the provider and said, "I can't begin to thank you for all your help and professionalism; You dealt with our complaint in the right way and followed procedures; We are confident we have chosen the right care company for (person receiving care)."
- People were regularly consulted with, to seek their views about the care they received from the service. This included through regular care reviews and meetings held with them.
- The provider regularly took account of service feedback and any complaints received. This information was used to help inform any service improvements needed.

End of life care and support

- At our inspection there was no person receiving personal care from staff at the service to support end of

life care.

- Work was in progress to develop operational policy against nationally recognised standards, concerned with end of life care. This included related external training, which was planned for all staff to undertake. This helped to ensure staff understood best practice care principles concerned with people's dignity, comfort and choice for end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour responsibility

- The provider operated effective systems to monitor the quality and safety of people's care and demonstrate ongoing service review and improvement when needed.
- Regular management checks were made of people's personal care, medicines and safety needs. Accidents, incidents and complaints were monitored and analysed to identify any trends or patterns that may help to inform care improvements required. When any changes or improvements were needed for people's care, staff confirmed this was communicated to them in a timely and appropriate manner.
- The provider took regular account of management, staffing and communication arrangements at the service, to make sure these were consistent, safe and effectively operated for people's care.
- Since our last inspection, the provider had sought ongoing opportunities to review and improve the service when required. Examples of improvements made or in progress included, care communications, end of life care and personalisation of people's care, together with related care planning measures.
- Records relating to people's care and the management of the service were accurately maintained and safely stored. The provider's operational policy and oversight arrangements, helped ensure the safe handling and storage of people and staffs' confidential personal information.
- The provider had met their regulatory obligations to send us written notifications about any important events when they happened at the service, to ensure people's safety there; and to ensure the required display of their inspection rating.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support

- Since our last inspection, the registered manager had left their employment at the service. A new manager was subsequently appointed, who was effectively managing the service and had submitted their registration application to us.
- Management and staff roles were clearly defined. Staff understood their role and responsibilities for people's care; and they were confident, informed and supported to raise an concerns they may have about this, if they needed to.
- There were clear lines of accountability and responsibility established within the service. Such as for communication, reporting and record keeping.
- The provider had established published care aims and a comprehensive range of operational policy guidance for people's care and safety, which staff understood.
- This helped to ensure effective communication and reporting, medicines safety and complaints handling and timely, personalised assessment, planning and co-ordination of people's care. Related staff

performance, support and development measures also helped to ensure this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Planning and promoting person-centred, high-quality care and support with openness

- People, their representatives, relatives and staff were highly positive about the management of the service.

All we spoke with were satisfied with the provider's arrangements for their ongoing engagement, involvement and support; and as in the case of staff, for their supervision. This was done in a way, which helped to ensure people received personalised, quality care.

- The provider actively sought to take account of people's voice, to inform their ongoing service planning and development. One person said, "Whether I'm receiving support, or working with staff at the office to inform good care principles and values, I'm treated the same; I don't think my [health disability] stands in the way."

- Staff we spoke with often referred to the 'open culture at the service, feeling valued and supported by management and the provider. One care staff said, "Since this provider, manager and deputy manager took over, communication with staff has improved vastly; I feel that my views and the work I do actually means something to them." Another member of staff said, "I feel valued here; we are kept informed and asked for our views; the provider sends personalised messages to tell us we are doing a good job and to thank and keep us up to date with what's happening with the company direction."

Working in partnership with others

- The provider worked with relevant agencies, including educational, external health and social care partners, when needed for people's care. One educational provider, involved in training staff in relation to one person's bespoke care had recently written to the registered provider and said, "I would like to thank you; How impressed I was with the level of compassion and commitment to getting care right for [person], both during the visit and in a classroom setting; where accommodation to the person was very good." A health care professional told us, "I have found the service to be effective, responsive and professional."

- The provider regularly reviewed and sought to improve the service against nationally recognised care guidance and standards. Related service improvements were in progress to enable staff to provide informed personal support for people's end of life care when needed.