

Jane Caress Limited

# Jane Caress Limited

## Inspection report

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25 March 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: Jane Caress Limited is a domiciliary care agency providing personal care and support to people in their own homes. The service is provided to people who live in Masham, the surrounding villages and in other areas of Yorkshire. The service was providing personal care to 20 people at the time of the inspection.

People's experience of using this service: People and their relatives gave positive feedback about the care they received, and their experience of the service. They told us they felt safe and had no suggestions for how the service could be improved.

Staff protected people from avoidable harm, were knowledgeable about safeguarding and felt able to raise concerns. Risk assessments were completed to identify and manage potential hazards. Systems were in place to recruit staff safely.

Overall, staff supported people to manage their medicines safely. The registered manager had identified where improvements to medication administration records were needed. Systems were in place to monitor and improve the quality of the service. These were not fully embedded in the service as some checks had not been recorded. The registered manager had introduced new documentation to ensure this in the future.

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. Staff received appropriate training and support to enable them to carry out their roles effectively and safely. Staff supported people to access healthcare and maintain a nutritious diet where they provided this support.

People and relatives told us that staff were caring and treated them with respect. There were enough staff to meet people's needs and their rights, privacy and dignity were maintained always. People received a personalised service and were involved in developing their care plans. Staff knew people's life histories, preferences and routines.

There was a positive culture within the service where people, staff and relatives felt listened to. The provider had a system in place for responding to people's concerns and complaints. People and staff were encouraged to provide feedback about the service and this was used to drive improvement. 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: This was the first rated inspection of the service under the provider Jane Caress Limited.

Why we inspected: This was a planned inspection based on the date of registration of the service.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-

inspection schedule for those services rated Good. If any concerning information is received 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 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 well-led.

Details are in our Well-Led findings below.

**Good** ●

# Jane Caress Limited

## 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:** One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. For this inspection, the area of expertise for the Expert by Experience was domiciliary care.

**Service and service type:** Jane Caress Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission (CQC). 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 visit. We needed to be sure the registered manager would be available to facilitate this inspection.

**Inspection site visit activity** started on 26 February 2019 and ended on 25 March 2019. We visited the office location on 13 March 2019 to see the manager and office staff; and to review care records and policies and procedures. On 26 February 2019, we spoke with people and their relatives by telephone. On 25 March 2019, we spoke with staff by telephone.

**What we did:** Before the inspection, we reviewed all the information we held about the service including statutory notifications. Statutory notifications provide CQC with information about changes, events or incidents. This ensures we have an overview of what is happening at the service. We contacted relevant agencies such as the local authority, safeguarding and local Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in October 2018. Providers are required to send us key information about their service, what they do well and improvements they plan to make.

During our inspection, we spoke with four people and six relatives. We also spoke with the registered manager, two care co-ordinators, the training manager and four staff.

We reviewed four people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of staff.

# 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.

Using medicines safely.

- Overall, medicines were managed safely. Some medicines records did not show clear and full instructions on their administration. These issues had been identified by the management team. There was an action plan in place to improve medicines records and increase audits.
- People told us they were happy with the support they received to take their medicines.
- Staff described safe administration of medicines. Staff said there had been a recent focus on improving medication administration records.

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

- The provider had a safeguarding policy and staff were trained to identify and respond to any safeguarding concerns. Staff showed a good awareness of safeguarding procedures and knew how to report incidents or allegations of abuse.
- People told us they felt safe. Comments included, "I feel safe, no concerns at all. I'm very happy with staff; I trust them" and "Safe, trustworthy nice people [staff]."

Assessing risk, safety monitoring and management.

- Risks to people's safety were assessed and managed. Assessments of people's needs identified potential risks and hazards. These considered areas such as personal care, risk of falls and the environment in which care was provided.
- Staff understood where people required support and care plans contained explanations for staff to follow to keep people safe.
- Risk assessments were reviewed regularly and when people's needs changed.

Staffing and recruitment.

- There were sufficient numbers of staff to meet the needs of people who used the service. People told us staff were punctual and stayed the expected length of time of their visit. One person said, "Very rarely are they late; they never miss usually, very punctual and always stay for the right time."
- People received care from a consistent team of staff. One person said, "Same people; I get two or three of the same people every time."
- People told us their care was planned well. In the event of emergencies such as poor weather conditions, people were confident they would receive their care. One relative said, "They are great. When we had a lot of snow they even got the girls in the office to come out, and the manager, to make sure that all cares were covered; that's just brilliant."
- The provider had robust recruitment procedures, which ensured suitable people were employed.

Preventing and controlling infection.

- Staff understood the importance of the management and prevention of infection and said they had completed training. Records confirmed this.
- Hand hygiene was checked as part of spot checks on staff.
- People said staff were good at keeping their houses clean and washing their hands. One person said, "They are always very tidy and clean like that."
- Staff had access to personal protective equipment. This included disposable gloves and aprons for use when undertaking personal care tasks.

Learning lessons when things go wrong.

- A system was in place to record and monitor any incidents.
- Staff were aware of the reporting procedures for accidents and incidents.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

# 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 needs were assessed prior to their service starting to ensure their specific needs and requirements could be met. This included a face to face meeting with the registered manager.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences. Care was managed and delivered within lawful guidance and standards.
- People were involved in making every day decisions and choices about their care and support. One person and their relative said, "They [staff] never do anything without discussing things with us."

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively.
- People told us staff were well trained. One person said, "Staff are very good at what they do." Another person said, "Can't say how good they are; they are fantastic."
- New staff completed an induction and worked alongside an experienced member of staff when they first started. Their competency was checked by a member of the management team during this time.
- Staff received training in various areas such as moving and handling, safeguarding and medication management. Staff spoke highly of their training.

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

- Staff assisted people to eat and drink when this was required.
- People and relatives told us staff were good at making sure people got the snacks and drinks they needed. One person said, "I always get a cuppa and the girls never leave me without anything". A relative told us, "Staff always make sure that [Name of family members] have a snack before they leave and always make sure they have a cuppa."
- Staff understood the importance of offering people choice in what they had to eat and drink and maintaining good nutrition and hydration.

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

- People were supported to maintain good health and had access to healthcare support as necessary. A relative told us staff reported any health concerns promptly. They said, "If they have any concerns they mention it to us and we can then sort it out. They are very caring that way."
- People and relatives said they received care that was consistent and staff worked well with other healthcare professionals. One relative told us a member of staff had attended a health appointment with them and their relative and they had found this very helpful.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager was aware of the need to discuss with the local authority any potential applications to deprive people of their liberty.
- People had consented to their care and discussions with the registered manager and staff showed they understood the requirements of the MCA. One person said, "Staff always ask me if things are ok and if they can help me; they will ask if I need any help."
- Staff understood the importance of gaining consent before providing care.

# 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; respecting equality and diversity.

- People were treated with kindness, respect and compassion by staff. Positive feedback was received from people and relatives regarding staff's approach. Comments included; "Staff are brilliant, outstanding; they make me feel so comfortable and treat me really nice. They're just brilliant and I can't thank them enough."
- Staff and the management team spoke warmly and positively about the people they supported. It was clear they had developed good relationships with people and valued them as individuals. One person who used the service said, "If I have a bad day, they are there to cheer me up."
- People were treated equally, with no discrimination. People's preferences and cultural background and faith were identified during the initial assessment.
- The registered manager told us they and staff often popped in to see people outside of planned care if they had time or had concerns about people's welfare. They told us they tried to help where they could, for example, staff had taken a person's dog to be groomed when they were not able to get out.

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

- People and their relatives were asked for their views on their care. They told us they had been involved in the development of care plans and assessments. One person told us their care plan was reviewed several times a year with them.
- People were supported to express their views consistently by staff and the management team. They told us they met or had contact with the registered manager on a regular basis to arrange their care and discuss their routines.
- People told us staff responded well to their requests and asked them what they needed doing. A relative said, "They are really good; they are kind and considerate and ask [family member] if they are happy and if there is anything they need."

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was considered and upheld by staff. A relative told us, "They [staff] are always making sure [family member's] dignity is protected."
- Staff understood the importance of treating people with respect and dignity and ensuring they could express their views.
- People's independence was respected and promoted. One person said, "Staff help me to do things; they encourage me to do as much for myself as I can."

## Is the service responsive?

### Our findings

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

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 personalised care that was responsive to their needs. Care plans were, overall, personalised and detailed daily routines specific to each person. One person's care records lacked specific detail on some of their support needs. The registered manager assured us this would be reviewed.
- Staff could explain the support people needed and what was important to them as individuals. They showed us they knew people and their needs well and provided a person-centred service.
- People and their relatives were involved in reviews of care. This ensured care plans reflected people's preferences as their needs changed. A relative told us, "[Name of registered manager] is brilliant and she comes to see us on a regular basis and to discuss any changes to the care plans."
- Most people could communicate their needs verbally to staff. For those people with a sensory impairment, the care plans gave information on how to communicate effectively with them.

End of life care and support.

- The provider had an end of life care policy, which gave guidance to staff. Staff were not providing end of life care to anyone at the time of our inspection.
- The registered manager said they would always aim to support people for end of life care if this was their wish. They said they would liaise with the GP and community nursing teams to ensure people got the care they needed in their own home.
- End of life care training had commenced for staff. A recent training event run by a local theatre company had been attended by some staff. The staff newsletter gave feedback on this. One member of staff had said, 'The emotive subject of death was treated with a light and optimistic note'. The registered manager said it was their intention to begin to approach the subject of end of life care with those people ready for that discussion.

Improving care quality in response to complaints or concerns.

- A complaints policy was in place and accessible to people. This gave clear guidance on how complaints would be responded to.
- No complaints had been received in the last 12 months, since the registration of the service.
- People and relatives said they had no complaints but were confident if they raised any issues these would be dealt with appropriately by the registered manager.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- People, relatives and staff spoke positively about the registered manager and management team. They told us the service was well run and they had no suggestions for how it could improve. One person said, "It doesn't need anything improving, it's brilliant as it is."
- The registered manager and management team demonstrated a commitment to ensuring the service was safe and high-quality care and support was delivered. Quality assurance systems were in place to monitor and review performance. Some of these checks had not always been documented to show how shortfalls were identified and addressed. New documentation had recently been introduced to remedy this.
- Staff were informed of important changes that affected the service to ensure their knowledge was up to date.
- The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) was notified of significant events which had occurred within the service.
- Systems were in place to review and monitor accidents and incidents should they occur. Actions taken to prevent re-occurrence had not always been fully documented. The registered manager had recognised this and introduced new documentation to fully record this in the future.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Without exception, people and their relatives told us the registered manager was approachable and sensitive to people's needs. One person said, "[Name of registered manager] is excellent." A relative said, "[Name of registered manager] comes on a regular basis; we have regular contact and reviews and if anything is needed we chat on phone."
- Staff felt supported and valued in their roles. They said they were listened to by the registered manager. One member of staff said, "The manager is very good if you report any changes, have ideas or suggestions to help people. They get on to it quickly." All staff said they were very satisfied in their work and frequently told us they 'loved' their jobs. They described good teamwork and communication.
- There was an open and transparent culture where people were empowered to raise concerns if they felt this was required.

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

- People were encouraged to be as involved as possible in planning their own care. One person said, "[Name of relative] comes and talks to the boss lady, she's really good and we talk about my care and it's all written

down." A relative said, "They have asked me for my feedback and they seem to listen to me all the time especially about the care for my relative."

- Surveys were completed regularly and responses seen showed a high degree of satisfaction with the service.
- Staff meetings were held, which gave staff the opportunity to raise issues and make suggestions.

Working in partnership with others.

- The service worked in partnership with relevant organisations for the benefit of people who used the service. The service had clear links and collaboration with local community health professionals.

- The registered manager had engaged in an initiative with the local health authority to develop a 'prevention of infection workbook'. This was used with staff in the service and the wider community of the local health authority.

- Links with a local hospice had been made to provide staff with end of life care training.