

## Just Ask Care and Support Community Interest Company

# Just Ask Domestic Services Community Interest Company

### Inspection report

Suite F3, Second Floor, Birkbeck  
Water Street  
Skipton  
BD23 1PB

Tel: 01756792834  
Website: [www.justaskdomestic.com](http://www.justaskdomestic.com)

Date of inspection visit:  
19 July 2023  
20 July 2023

Date of publication:  
07 August 2023

### 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 Ask Domestic Services Community Interest Company is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 33 people using the service. Not everyone who used the service received personal care. The Care Quality Commission (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 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.

Systems were in place to help safeguard people from abuse. Procedures were in place to guide staff should they have any concerns. Risks to people and staff were identified and well managed. There were safe systems of recruitment in place and sufficient staff deployed to meet people's needs. Staffing and visits were well organised. There were systems in place for the safe administration of medicines. Risks associated with COVID-19, and other infectious diseases, were identified and well managed.

People's needs were assessed prior to them starting using the service. Assessments were thorough and reflected what was important to and for the person. Staff received the training and support they needed to undertake their roles. Staff and managers worked well with other professionals.

Staff and managers knew people really well. They spoke about people in respectful and caring ways. People spoke very highly of the staff and the care and support they received. One person said, "I did not expect them to all be so lovely. They are very caring." People, and where required their relatives, were involved in all decisions about their care and support.

Care and support were designed around each person's needs, wishes and preferences. Companionship visits were used to offer people activities and help with emotional well-being. These were arranged when staff had time due to other people cancelling visits. People told us they knew how to complain but said they didn't have any complaints. One person described the service and staff as; "Professional, friendly, courteous, dependable, reliable and flexible each and every one."

There was a range of oversight, quality monitoring and auditing. Managers had a clear vision and commitment to good quality care and support that valued people who used the service. Staff spoken with and records reviewed showed staff shared that commitment. People told us the service was well managed and that they would recommend the service. A family member said, "I would totally recommend them. From start to finish, top to bottom, it's what care should be. Person-centred focus, the ambiance and atmosphere are impeccable. Wonderful value for money. Totally trustworthy, I do not need to be there. I have total

confidence in them."

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.

The last rating for this service was good (published 20 December 2017).

Why we inspected

The inspection was prompted by the length of time since our last inspection. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Just Ask Domestic Services Community Interest Company 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, which will help inform when we next inspect.

## 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 ●

# Just Ask Domestic Services Community Interest 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. 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 Health and Social Care Act 2008.

### Inspection team

One inspector and an Expert by Experience undertook the 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

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

This inspection was announced. 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.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke via telephone with 2 people using the service and 5 relatives, who had given us permission to contact them. We also spoke with 5 staff including the registered manager, the care manager and support workers. The registered manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including people's care records, staff recruitment files, records relating to medicines, training and supervision, accident and incidents and safeguarding logs and policies and procedures. A variety of records relating to the management of the service, including audits and governance records were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help safeguard people from abuse. Procedures were in place to guide staff should they have any concerns.
- Staff had received training in safeguarding people from abuse. Staff had a good knowledge of safeguarding and were confident any concerns would be dealt with promptly. One said, "It's important people feel safe with us."
- People told us they felt safe with staff and using the service. They said, "I feel safe and secure when they are with me" and "100% totally safe." A family member said, "[Person] is safe and we are kept informed."

Assessing risk, safety monitoring and management

- Risks to people were identified prior to them starting to use the service and measures were put in place to reduce or mitigate risk. Records were regularly reviewed and updated if risks changed.
- There was a focus on managing risk, whilst promoting independence and respecting people's wishes.
- Detailed risk assessments were also completed for risks to staff or people within the environment of people's homes.

Staffing and recruitment

- There were safe systems of recruitment in place.
- There were sufficient staff deployed to meet people's needs. Staffing and visits were organised around small geographical areas. This ensured staff had time to travel to their next visit and people received support from regular staff they knew well. Records showed no visits had been missed. Staff told us their visits were not rushed. One said, "We really have time to get to know people."
- People told us they were supported by the same staff; staff were usually on time and they stayed for the planned amount of time. They said, "Yes, it's the same regular group of carers", "Yes, they always turn up on time, within 5 minutes" and "Yes, they stay for the time. Every now and then they do an unplanned chat visit."

Using medicines safely

- There were systems in place for the safe administration of medicines. People received their medicines as prescribed.
- Staff had received training in medicines management. Managers completed regular staff competency checks and medicines records audits. The electronic care system alerted managers if there were any delays or missed medicines.
- Very detailed Medicines Administration Records (MAR) gave information to staff about what medicines

were for, how they might affect someone and any possible side effects staff should look for.

#### Preventing and controlling infection

- Risks associated with COVID-19, and other infectious diseases, were identified and well managed. With agreement from people who used the service face masks were still being worn by staff.
- Staff had received training about infection control. People we spoke with confirmed that staff always wore personal protective equipment (PPE).

#### Learning lessons when things go wrong

- Accidents and incidents were well managed.
- Records were detailed. There was detailed review, timely action taken and a culture of learning lessons. This included working with other professionals
- The registered manager monitored these and identified any lessons that could be learned.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs were assessed prior to them starting using the service. People and where appropriate their relatives, were involved in the assessments.
- Assessments were thorough and reflected what was important to and for the person. Support plans were developed based on these assessments and reviewed and updated as changes occurred. They also detailed what outcomes people wanted from the support.
- People told us they received good care. One person said, "From start to finish, they are caring and are supportive. From the first assessment, each and every time is exceptional. They are attentive to detail, wonderful."

Staff support: induction, training, skills and experience

- Staff received the training they needed to undertake their roles. Staff completed the care certificate and had access to a wide range of courses. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff told us the training was good, and they could request additional training if they wanted to know about a specific medical condition or topic.
- Staff worked alongside other staff during their induction. Managers completed competency checks before staff started to work alone. One relative said, "It's a core group of regular people. New staff are inducted and are assisted by regular carers."
- Staff told us they felt very supported. They spoke of being able to contact a manager any time, and said they were listened to.

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

- People lived in their own homes and could eat what they wanted.
- Care records included people's likes and preferences regarding food.
- Records also identified when people were at risk of poor nutrition and hydration. Clear guidance was given to staff on how to support people with their nutrition.

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

- Staff and managers worked well with other professionals. This included regularly liaising with District Nurses and G.Ps.
- If people's needs changed the provider contacted the local authority to update them on the changes.

- People's care records detailed any health conditions and how these might affect the person. They guided staff on the support the person may need as a result.
- People's care records included guidance on the support they required with oral hygiene.

#### 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 MCA 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.

- The provider was meeting the requirements of the MCA.
- Care records included people's consent to the care and support that was planned. Staff gave us examples of how they ensure people are consenting to care.
- People told us they had been consulted about their care and support, and staff always sought their consent before providing support. One person said, "Yes, they ask for consent. They ask what I would like them to do."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 were well treated and their individuality was respected.
- Staff and managers knew people really well. They spoke about people in respectful and caring ways. They said, "I fell in love with this job. Going into people's homes, it's such an honour. We need to make people comfortable. It can be very daunting for people" and "It's so important. You are helping them stay at home."
- People spoke very highly of the staff and the care and support they received. They told us they liked the staff and managers. They said, "I like them. They are all different individuals; I have a different rapport with each of them. We do talk, they let me know what is going on in their families and I tell them about mine" and "Very caring, helpful, friendly and lovely ladies."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People, and where required their relatives, were involved in all decisions about their care and support. Care records reflected this.
- People said, "Yes, we agreed what support [person] needed" and "Absolutely respectful, part of their caring demeanour. They have excellent training."
- There was an emphasis from staff and managers on respecting people as individuals and promoting independence.
- One person said, "Yes, they are 100% respectful. They always knock on the door."
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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; End of life care and support

- People received personalised care. Care and support were designed around each person's needs, wishes and preferences.
- Care records were person-centred. People told us they had been involved in developing the care records and were happy with the care and support they received. They said, "Yes, I have a care plan. I was involved in them writing it up" and "Yes, we were involved. It was done cooperatively." One person said, "They meet my needs mentally and physically."
- Records of daily care were very person-centred. They detailed tasks staff had completed but also gave a description of how the person was feeling, any concerns or positive achievements.
- People's wishes for end-of-life care and support were identified and recorded if they wished.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was following the AIS. Information was available in different formats.
- People's communication needs were identified in care records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Companionship visits were used to offer people activities and help with emotional well-being. These were arranged when staff had time due to other people cancelling visits. People told us these visits were good. One person told us, "We may cancel visits, sometimes we may do it at late notice. If they have a cancellation, they will do companionship calls." Another said, "I like companionship visits. You really get to know the person and they get to know you." We saw one person had recently had a companionship visit. They had chosen to go to a local supermarket, another had played dominoes with the staff.
- Staff were very positive about the impact these visits had for people who used the service, but also spoke about how much they enjoyed spending this time with people.

Improving care quality in response to complaints or concerns

- There was a system in place to monitor complaints, none had been received.

- People told us they knew how to complain but said they didn't have any complaints. One person said, "They are reliable, explain stuff and cover all the bases. I feel like there is someone there if there is a problem."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a very positive person-centred culture and a focus on ensuring people's desired outcomes were identified and met.
- Managers had a clear vision and commitment to good quality care and support that valued people who used the service. Staff spoken with and records reviewed showed staff shared that commitment.
- People told us they received responsive person-centred care and support. They said, "They all go above and beyond. They are all doing the right job as they genuinely care" and "Their standard is way ahead. They are cheerful and encouraging, always 11 out of 10."

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; Continuous learning and improving care

- The provider understood and acted on the duty of candour.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.
- There was a service user guide and statement of purpose to inform people of what they could expect from staff and the service.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- There was a culture of learning and a clear drive for continuous improvement.

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

- There was a range of effective oversight, quality monitoring and auditing.
- Policies and procedures were available to guide staff on what was expected of them in their roles.
- People told us the service was well managed and that they would recommend the service. One person said, "I would recommend it. Everything has gone like my care plan says. It's like clockwork. I can contact them on the phone. They are efficient and nice people." Relatives said, "I would recommend them 100% to anybody. They have given [person who used the service] their life back" and "They do a good job and are easy to deal with. They are professional and allow [person] to stay in their home."

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

characteristics; Working in partnership with others

- Staff told us there was an on-call system and the registered manager or care manager always responded to them. They told us they felt valued. One said, "Its brilliant. It's a really good company. They are always there to support you. [Managers] help you all the time and will give you advice."
- There were regular meetings and opportunities for staff to share information and ideas.
- People told us they could always get hold of a manager if they needed to. They said, "I talk to them often, a few times a week", "They always do the right thing. Always positive. They do what we need help with."
- The service worked with other organisations and health care professionals to provide appropriate support to people.