

Mrs Jennifer Claire Wildgoose

Jen-U-Win Care

Inspection report

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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

Jen-U-Win Care provides personal care for people in their homes. The service provides support for people across Buxton and the surrounding area.

We carried out this inspection on 11 November 2016. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to talk with us.

This was the first ratings inspection of Jen-u-win Care since it was registered with CQC in November 2014.

A registered manager was in post (They were also the provider). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were appropriately recruited, trained and supported. They had undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicines management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicines training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to people's changing needs and any issues or concerns raised. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon appropriately.

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.

Risks relating to people's care and support were assessed and appropriately managed. People were protected by safe recruitment procedures which helped ensure they received care and support from suitable staff. Medicines were managed safely and effectively by staff who had received the necessary training to help ensure safe practice.

Is the service effective?

Good ●

The service was effective.

Staff knew individuals well and understood how they wanted their personal care to be given. People who use the service and their relatives were happy with the care and support provided. Staff had the necessary skills and knowledge and were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). Where appropriate, decisions were made in people's best interests.

Is the service caring?

Good ●

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect. People were involved in making decisions about their care. As far as practicable they were consulted about their choices and preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised care plans detailed how people wished to be supported and their care reflected their individual needs, preferences and choices. A complaints procedure was in place and people were able to raise

any issues or concerns.

Is the service well-led?

Good ●

The service was well led.

There was an open and inclusive culture. Staff felt valued and supported by the registered manager. They were aware of their responsibilities and competent and confident in their individual roles. Accidents, incidents and risks were closely monitored to identify trends and help ensure lessons were learned and necessary improvements made. The registered manager regularly checked and audited the quality of care and support provided, to help drive service improvement and ensure people's needs were met.

Jen-U-Win Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 November 2016 and was announced. The provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the provider to send us a Provider Information Return (PIR) and this was submitted. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used services, seven relatives, three staff, one care coordinator and the registered manager. We also looked at documentation, which included three people's care plans, incorporating comprehensive risk assessments, as well as three staff training files and records relating to the management of the service.

Is the service safe?

Our findings

People who used the service and their relatives spoke very positively about Jen-U-Win Care and had no concerns about the service and support provided. People said they felt safe and confident with the care staff and were happy with the quality of the personal care and support they received. One person told us, "I've never felt unsafe ... the girls are very thoughtful ... and they're always there for me." Another person told us, "I just can't tell you how grateful I am for this agency; I can't believe just how good they are." They went on to say, "I always feel safe because [carers] always talk to me. I like to know what we're doing ... and if we talk about it, I feel better."

Relatives spoke very positively about the support their family member received and the reassurance and 'peace of mind' they felt, knowing their family member was safe and well cared for. One relative described their family member's carers as, "Absolutely excellent." They told us, "I'm very happy with the carers who support my [family member] and I feel confident and reassured [family member] is safe with them." Another relative said their family member received support with taking medicines and felt this was carried out safely. They told us, "The carers give [family member] lunchtime medication and I'm very confident that it is on time and I'm sure they're doing everything properly."

We spoke with people about the consistency and punctuality of the carers and whether they were informed if staff were running late. One person told us, "They [care staff] are nearly always here on time, but if there's a problem someone will always let us know." A relative we spoke with told us, "[Family member] has four regular carers who we all like. They come on time and are only late if something has happened ... and then they always let us know. There have never been missed calls." Another relative told us, "[Care staff] are always on time and don't mind if they have to stop an extra five or ten minutes. And if they're going to be late, they always ring or text me." This demonstrated that people's care and support needs were met in a safe and timely manner.

Care records contained up to date risk assessments and staff told us individual care plans helped to ensure consistency and continuity of care. Staff we spoke with were confident the people they supported were safe. They emphasised the importance of ensuring personal and environmental risk assessments were kept up dated to reflect changing needs or circumstances. One staff member told us, "We have really good relationships with the clients; we know them – and they know us. So they feel safe and confident that we know what we're doing – and we do." Another member of staff told us, "I treat people I care for as I would treat someone in my own family. They depend on me and it's my responsibility to keep them safe." This helped ensure potential risks to people were appropriately assessed and managed.

People were protected from avoidable harm because staff were aware of, and followed policies and procedures relating to the safe handling of medicines. Staff told us they had received training in managing medicines, which was updated regularly. This was supported by training records we were shown. This meant the provider ensured people received their medicines as prescribed.

Safeguarding policies and procedures were in place. Staff had received relevant training and had a good

understanding of what constituted abuse and their responsibilities in relation to reporting such concerns. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice to the registered manager and were confident any such concerns would be taken seriously and acted upon.

People were also protected by staff following safe infection control procedures. People spoke about carers using protective clothing, such as gloves and aprons, when they were being supported with their personal care. Staff were aware of the relevant procedures and understood the importance of effective infection control.

The registered manager told us any accidents and incidents were reviewed and monitored, to identify potential trends and to prevent reoccurrences. They also said that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation to support this.

People were protected by a safe and robust recruitment process. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service provided and how reassured they felt with the care staff. One person told us, "All the carers I get know what they're doing and are well trained. They're very good ... and I really like them a lot." Another person told us, "All the carers, without fail, are excellent; they have all the right skills to do what I need them to."

Relatives we spoke with were all very satisfied with the care and support their family member received and described the care staff as, "Very professional." One relative told us, "'I know exactly what [care staff] do for [family member]... it's the things I can't do ... it's why we have them. It's the extra little things that make all the difference and I don't know what we'd do without them." Another relative described how the care staff had given them "A new lease of life." They went on to say, "They're all very good at interacting with [family member] ... who can sometimes be difficult and would just sit watching TV. They even manage to take [family member] out and will encourage and get her going, even when [family member] is being resistant."

We also spoke with relatives regarding their views on the training, skills and knowledge of the care staff who supported their family members. One relative told us, "You can always have more training ... but the carers who come definitely have all the right skills to help [family member]." Another relative told us, "Oh god yes, they're incredibly skilled and trained."

Care Staff told us they received an effective induction programme and essential training when they started working at the service. They confirmed they received support and the necessary training to undertake their roles and responsibilities. This included training provided by Derbyshire County Council (DCC). One member of staff told us, "The training that DCC provides is excellent, practical, hands-on and really in depth. It's also really useful sharing experiences with other people." Another member of staff told us, "We get loads of training - some better than others! We've had DCC training, which we love and there's on-line training - which we hate!" Another care worker told us, "The training we get here, including the Care Certificate, is really good. I also did a lot of shadowing before felt confident enough to work on my own." The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. We saw staff had received the appropriate training to carry out their roles and they demonstrated that they understood their responsibilities in relation to those roles. Records we looked at showed new staff received a comprehensive induction programme and all essential training.

Staff received regular supervision, spot checks and appraisals. Formal supervision provides each employee with the opportunity to meet regularly, on a one to one basis, with their line manager. They are able to discuss any work related issues, monitor their progress and identify any additional support or training needs. Records showed staff also had access to development opportunities, such as undertaking NVQs or further training, specific to their roles and responsibilities. Staff told us they found the supervision meetings useful and supportive. The registered manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw records to support this.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community.

The service worked within the principles of the MCA. We found that the registered manager and staff had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). Staff had attended training in this area and understood how the principles of the legislation related to their work and how it applied to the people they supported. We saw staff consistently applied the principles of the Act and all best interest meetings and decisions were appropriately documented in individual care records. Staff we spoke with also understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis.

People who used the service were included in planning and agreeing to the care they received. Relatives who we spoke with said that care staff routinely discussed with them the level of support required and always respected their decisions, regarding the care provided. People told us the care staff always respected their right to make their own choices. Care plans we looked at included a signed contract and service agreement that identified which services were to be provided and confirmed people's awareness and consent to their personalised support. This demonstrated that people understood and had consented to the care and support they received.

The registered manager confirmed the service worked closely with other healthcare professionals including GPs, occupational therapists, dietitians and district nurses. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. Staff told us that if they had any concerns about a person's health they would liaise with the office for advice, or in an emergency situation they would contact the GP or the emergency services directly. This helped ensure people's individual health care needs were effectively met.

Is the service caring?

Our findings

People and their relatives said they were supported, with dignity and respect, by kind and caring staff. One person told us, "My carers are so kind and it's the little things they do I really appreciate. Like when I've had a shower, I come out, get dry ... and they ask if I'd like a cup of tea, which is so caring and thoughtful. They went on to say, "It allows me to get my breath back ... a shower takes the wind out of me and that time (having the tea) is valuable and just shows how much they value and understand me." Another person told us, "They're so good to me, always looking out for things ... like putting the towels on the rail to warm my feet. And at night they put the duvets on the radiators so they get warm."

All relative we spoke with said they felt their family member was treated with dignity and respect. One relative told us, "They don't come in like they're carers ... they're like friends and are all so kind and personable; they're great at banter and really cheer [family member] up." Another relative told us, "[Family member's] carers are really fantastic and they're so kind and considerate. They engage [family member] in conversation ... encourage him to participate in activities like games. And they're very respectful ... they never talk over him." We received many positive comments from relatives regarding the professional and respectful approach of care staff. One relative told us, "They [staff] are always very polite and never intrusive. If [family member] is in bed when they come in ... they'd never just walk straight in ... they always knock first and check if it's okay for them to go in."

The registered manager emphasised the importance of effective communication. They said regular formal and informal meetings took place to enable staff to discuss issues relating to people's personal care. People were involved in making decisions about their individual care and support. Staff spoke of the importance of developing close working relationships with individuals and their families and being aware of any subtle changes in their mood or condition. This meant people were supported in a consistent manner by staff who understood their ongoing care needs.

Staff recognised the importance of treating people as individuals, with dignity and respect. People and their relatives we spoke with said staff provided personal care and support in a respectful and professional manner. They described how staff routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. We saw that the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

People and their relatives felt 'in control' of their care and support and confirmed they had been consulted and actively involved in the writing and reviewing of their care plan. This was supported by plans that we saw, which clearly demonstrated that people's preferences, likes and dislikes had been taken into consideration. People's relatives said they were also consulted regarding any changes to the care plan and had taken part in reviews. People and their relatives told us they felt confident their views were listened to, valued and acted upon where appropriate. This helped ensure people were actively involved in their individual care planning and the support they received met their identified needs.

Is the service responsive?

Our findings

People who used the service felt listened to and said care staff responded to their needs and wishes. They said staff knew them well and were aware of and sensitive to their preferences and how they liked things to be done. One person told us, "I have a care plan and we stick to what's on it with my routine. I'm very confident all the carers know exactly what they're meant to be doing because they do it." Another person described the thorough assessment process which they had been involved with, to identify and discuss what care was needed. They told us, "I had a long meeting with the manager and we went through everything that I needed help with. Then she took it away, typed it up and brought it back for me to sign."

All the people we spoke with said they had been asked and had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home. We saw a range of assessment and planning tools were used to help ensure staff provided the appropriate support for people, to meet their identified needs. People also said how confident they were that the registered manager would listen to any concerns they might have and would respond appropriately. One person told us, "The manager is very approachable, she always gets back to you and listens and always acts on anything you say." Another person said the registered manager was, "Always helpful and listened" to them because, "She's that sort of person."

We saw staff responded to people's individual care and support needs in a personalised manner. They were very knowledgeable about people's circumstances and fully aware of their individual wishes and preferences. The registered manager explained that before anyone received a service, a comprehensive assessment of their personal circumstances was carried out, with the full involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives.

From the initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed just how they wished that support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. People we spoke with said they were fully involved in drawing up their personal care plan and confirmed their individual plan was regularly reviewed to accurately reflect their changing needs.

A relative described how reviews had been held after their family member's condition had changed. They said following the review, the care plan was changed to provide additional support. Another relative described how flexible and responsive the service had been. They told us, "They (the care staff) always listen if I want something changed. For example, they've been kind enough to change which nights they wash [family member] him ... if he's got a hospital appointment the next day."

Staff emphasised the importance of routine and consistency, which helped ensure people received care and support in a way that reflected their needs and preferences. The registered manager told us all new staff

were introduced to the client and that where possible the same staff visited people to help ensure consistency and continuity of care. This was supported by positive comments we received from people who used the service. One person told us, "The carers are all extremely good and even when there's a new one starting, they're always introduced professionally and in a friendly manner ... and they've never let me down at all." Another person told us, "they've got a good reputation around here - and I know why!"

Staff we spoke with were knowledgeable and showed awareness and a sound understanding of the individual preferences and care needs of people they supported. A member of staff explained that an individual's care package would always be reviewed – and amended as necessary, should their support needs change. This demonstrated the service was responsive and the care and support provided was personalised and met people's individual needs.

There was a complaints procedure in place to be followed should a concern be raised. This was also made available in a pictorial format. The registered manager confirmed that any concerns or complaints were always taken seriously and acted upon. People and their relatives we spoke with were confident they could make a complaint or raise an issue if they needed and said they had contact numbers for the service. They were happy with the service provided and were aware of how to make a complaint, if necessary. One relative told us, "I know how to make a complaint, although I've never had to – and I can't imagine ever having to." Another relative told us, "The manager has said to let them know if there were any problems at all ... but there absolutely aren't any and I really can't fault them." This demonstrated that people knew how to make a complaint and were confident that any concerns would be listened to and acted upon.

Is the service well-led?

Our findings

People and their relatives told us they thought the service was well managed. They all knew the name of the registered manager and spoke positively about the leadership of the service. Relatives we spoke with said communication was very good and they felt well-informed. One relative told us, "The registered manager is lovely, I speak to her regularly and I know she really cares a lot about what happens to us." Staff we spoke with said how much they enjoyed working at the service and were full of praise for the registered manager, who they described as, "Brilliant", "Approachable" and "Very supportive." One member of staff told us, "[Registered manager] as well as doing the assessment will often do the calls to start with, so she knows exactly what we are doing – and that's really useful and good for morale." Another member of staff told us, "I've seen [registered manager] goes above and beyond."

During our inspection all staff we spoke with were open and helpful and shared the provider's vision and values for the service. These included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture, which was centred on the needs of people who used the service and their families. Staff spoke positively about the open and inclusive environment and the effective communication throughout the service. One member of staff told us, "It's a lovely atmosphere working here, we all get on and I'm a very happy bunny." One member of staff we spoke with described the effective communication with the office and the support provided. They told us, "It's reassuring to know there's always someone on call, so I never feel like I'm on my own." These positive views demonstrated an open and inclusive culture within the service.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action.

Services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities.

People were consulted regarding the quality of their care during the review of their support and during observations of staff practice. People were also asked about their experiences through an annual quality review and with questionnaires. There were effective and robust systems in place to monitor and improve the quality of the service provided. Regular service audits were completed, such as care records, medication records and reviews of the individual support people received. We also saw that audits had been carried out to seek feedback from people who used the service, their relatives and other stakeholders. This included sending out surveys and telephoning people who used the service and their relatives. We saw examples where changes had been made and 'lessons learned' as a result of feedback received, including care staff being replaced if not considered suitable. This demonstrated the service was committed to improving standards and quality of service provision.

