

J & S Health Care Services Ltd

# 3 Broadway Chambers

## 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

### About the service

3 Broadway Chambers is a small domiciliary care agency providing personal care and support to people. 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 told us they were very happy with the service they were receiving.

Peoples care was provided in line with their care plans and ensured peoples safety. People were cared for by the registered manager who was experienced and had received appropriate training to do their job. The appropriate recruitment checks were in place and the registered manager was fully aware of the correct employment checks and training that should be undertaken before employment commenced.

There were systems in place to keep people safe from infection and to learn lessons when things went wrong.

The registered manager knew the people they cared for well and had formed strong working relationships with family members. People and the people that mattered to them, were involved in planning and reviewing the care provided. People were supported to have maximum control over their lives and staff supported them in the least restrictive way possible. Policies and procedures at the service supported this practice.

People were supported to follow activities that mattered to them. The service could provide support to people at the end of their lives.

The registered manager had a complaints policy in place. There were systems to monitor the effectiveness of the service and to ensure good care was provided and reviewed on a regular basis.

The management team kept their knowledge and skills up to date through attending conferences and training days in order to provide high quality care and drive improvements to the service.

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 and update: The last rating for this service was requires improvement (published 13 December 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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 finding below

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below

### Is the service responsive?

Good ●

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

# 3 Broadway Chambers

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors on the first day. One inspector completed the inspection on the second day.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications that are held on the CQC database.

Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with one relative about their experience of the care provided. We spoke with the registered manager and the operations manager.

We reviewed a range of records. This included one person's care records and one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to recruit staff safely. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager had safe recruitment practices in place. The appropriate checks were in place before staff commenced employment, to ensure that staff were fit to carry out their role. This included up to date DBS checks, references and full employment history.
- People were looked after by regular staff who arrived when they were expected and stayed for the agreed time.

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

- People told us they felt safe using the service. A relative said, "She [registered manager] keeps [relative] very safe."
- The registered manager had policies and procedures in place to keep people safe and knew how to raise concerns with the local safeguarding authority.
- the registered manager and operations manager had received training in safeguarding and knew how to recognise signs of abuse and report concerns.

### Assessing risk, safety monitoring and management

- People had risk assessments in place that were person centred and matched their needs. These covered areas such as mobility and personal care.
- Staff carried out a full risk assessment of the environment where people received care, to ensure it was safe for the person and staff.

### Using medicines safely

- The service was not supporting people to take medicines at the time of our inspection, however, there were systems in place to support people with medicines and staff had the appropriate training and knowledge.

### Preventing and controlling infection

- Infection control training was up to date and the correct personal protection equipment was used.

### Learning lessons when things go wrong

- The registered manager had reflected on previous issues with recruitment of staff and had ensured all the correct procedures were followed to keep people safe.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had received a full assessment of their needs when they joined the service. There were regular reviews to provide care in line with people's changing needs.
- People's protective characteristics, such as gender, disability and religion had been identified and supported.

Staff support: induction, training, skills and experience

- The service did not currently have any staff employed other than the owner/registered manager, who was a trained nurse, and an operations manager, who was a trained carer. The registered manager provided all the care delivered. One person said, "[Name of registered manager] knows their job, they are very well trained."
- Both the registered manager and the operations manager held training qualifications, so they could deliver training personally to staff. There were also arrangements in place for staff to access online and external training.
- The registered manager had a full induction and support programme in place. Staff who were new to care would complete the care certificate to ensure they had the knowledge and skills needed to support people.

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

- The registered manager told us they worked closely with other health care agencies. We saw contact details for healthcare professionals recorded in people's care plans.
- People told us the registered manager always knew if something was wrong with their relative, "She [registered manager] always gets the GP if needed."
- One person was helped with an exercise regime daily to improve their health and wellbeing.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The registered manager undertook and worked within the principles of the MCA. People were supported to make choices, and these were documented in the care plans.
- People were asked for their consent to ensure they understood about the care they were receiving. Consent was recorded in peoples care plans. The registered manager understood about lasting powers of attorney and what documentation needed to be kept.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 spoke highly of the care and support they received. One person said, "I feel supported, we work together really well" and, "She [name of register manager] is first class, she [registered manager] has a great relationship with [name of person]."
- People's equality and diversity needs were assessed and recorded in their care plans to ensure they were supported to achieve individual goals. People were treated equally.

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

- The registered manager completed a risk assessment with people and those who mattered to them. People's likes and dislikes were clearly recorded in their care plans along with any special requests, such as the bowl they liked to have their breakfast in.
- Care plans were regularly reviewed with the people receiving care. This ensured their needs were still being met and the care package in place was appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were asked about what helped them to maintain their independence. The registered manager documented this in the care plans so that people could be supported in the best way for them.
- The registered manager spoke about people who used the service respectfully. People were cared for in the least intrusive way possible and their dignity and privacy were respected.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs had been assessed and were met with individual, personalised care. People's care plans were detailed and contained up to date information about the person's likes, dislikes and how staff could best support their needs. The registered manager said any new staff would be introduced to people, so they could decide if they wanted to receive care from them.
- Care plans were kept up to date and daily notes detailed the care that had been provided on each visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and documented in their care plans.
- One person told us, "[Registered manager's name] is really good at picking up on body language."

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

- The registered manager supported people and their loved ones to follow activities that mattered to them. One person liked to sing and was happy for carers to join in with them.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. One person told us, "I've never had to make any complaints, but I would be happy to raise concerns with [name of registered manager]."

End of life care and support

- The service was not currently providing end of life care. The registered manager had training in end of life care and was confident in providing this care, should it be required.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager delivered high quality care and support to people. They were experienced and knowledgeable and committed to providing a quality service to people. One person said, "We are lucky to have [name of registered manager], we work together to improve [persons name] quality of care.
- People's care plans were person centred and focused on their wellbeing, as much as their physical care needs. Where people wished to take part in a daily activity, their care plans documented their wishes and how this would be achieved.
- The registered manager and operations manger had a shared vision for a highly caring company, providing a high level of support to people on an individual and inclusive basis.
- The registered manager understood about duty of candour and worked in an open and honest way to address any incidents that placed people at risk of harm.

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

- The registered manager and operations manager worked closely together and had a clear understanding of their roles.
- The service did not have any other staff employed at the time of our inspection. We saw a range of clear job descriptions detailing what staff's responsibilities would be. The registered manager explained any staff employed would be fully trained and supported to carry out their role.
- There were a range of audit form templates available to monitor the service and drive improvement. An appropriate care plan audit had been completed.

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

- The registered manager worked closely with the people they provided care for and acted on any feedback received.
- The registered manager explained how they would support staff through regular supervisions, appraisals and one to one meetings. They would also use surveys to gain feedback from staff and people.

Continuous learning and improving care; Working in partnership with others

- The management team shared their plan to expand the service which included working with a regular care

agency to support new clients during staff training. There were also plans to work with independent companies regarding staff recruitment and training to ensure they were working to the correct standards.

- The service had plans to invest in new technology to improve the efficiency and accuracy of record keeping. This would give staff better access to up to date information about the people they were caring for and improve quality monitoring.
- The management team belonged to local care organisations and attended training days and conferences to keep up to date with their skills and local developments.