

Joy Caring Services Ltd

# Joy Caring Services Limited

## Inspection report

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Tel: 01438311704

Date of inspection visit:

10 April 2019

12 April 2019

15 April 2019

17 April 2019

21 April 2019

Date of publication:

27 June 2019

## 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: Joy Caring Services is a domiciliary care agency and is registered to provide personal care and support to people who live independently in their own homes. At the time of the inspection 42 people received care and support from them.

People's experience of using this service:

People were happy with the service they received, and they felt safe. Relatives told us they could rely on the service and staff were always helpful, kind and caring.

People`s needs were assessed prior to them using the service. Care plans used people`s voice in describing what level of support they needed but also what their likes, dislikes and expectations were from the staff supporting them.

People had the same staff supporting them as much as possible and they were happy with this as they got to know staff and staff knew them.

There were enough staff employed to ensure people received their visits as planned. When and if staff were running late the office staff monitored this on a live call visit monitoring system, and they alerted people of the delay. If needed the care coordinators based in the office or the registered manager carried out the visits to ensure people received the care they needed in time.

Staff were employed through safe procedures and received training to help them understand their role and acquire the skills, they needed to meet people`s needs. Staff felt supported by the care coordinators and the registered manager.

Staff received training and knew what to do if they had any concerns about people`s safety. They told us how they reported to the registered manager who then contacted the local safeguarding authorities if there was a need for it.

The registered manager and the care coordinators carried out audits to assess the quality of the care provided. They also carried out unannounced spot checks on staff in people`s home when they observed staff conduct, their competencies in meeting people`s needs and sought feedback from people about the support they received.

Rating at last inspection: Good (Last report published on 13 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 ●

# Joy Caring Services 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: The inspection was carried out by one inspector.

Service and service type: Joy Caring Services Limited is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. Not everyone using a domiciliary care agency receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 42 people receiving the regulated activity of personal care at the time of the inspection.

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 the service 24 hours` notice of the inspection to ensure the registered manager and staff were available to speak to us.

Inspection site visit activity started on 10 April 2019 and ended on 21 April 2019. We visited the office location on 10 April 2019 to see the manager and office staff; and to review care records and policies and procedures. On 12, 15, 17 and 21 April 2019 we spoke with staff, people, relatives and health and social care professionals to get feedback about the service.

What we did:

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send

us. We received feedback from the local authority about their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with three people, four relatives, three care staff, a care coordinator, the administrator, IT and finance coordinator and the registered manager. We looked at three care plans, two staff employment files and reviewed records relating to the management of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "I am safe with them." Relatives told us they had no concerns about the staff and they felt their loved one was safe with them.
- Staff received safeguarding training and knew what forms abuse may take. They told us how they would report their concerns to the registered manager. They knew about external authorities they could report their concerns to under the whistleblowing policy.

Assessing risk, safety monitoring and management

- Care plans were developed to assess all the needs people had and the risks involved. Risk assessments were part of the care plan which described to staff how they had to support people safely.
- Staff were knowledgeable about people and how to manage risks.

Staffing and recruitment

- People and relatives told us staff turned up at the agreed times to deliver the support they needed. One relative told us, "The carers are punctual and arrive in the slots that we initially agreed."
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.

Using medicines safely

- Staff were trained to administer people`s medicines. Staff had their competencies checked and observed by the registered manager to see how they administered people`s medicines. The registered manager checked medicines monthly and where issues were found actions were taken immediately.

Preventing and controlling infection

- Staff were knowledgeable about how to encourage people to wash their hands and keep people`s houses clean. Staff told us they had personal protective clothing to use when they provided personal care.

Learning lessons when things go wrong

- When things went wrong the registered manager discussed this openly in staff meetings to ensure lessons were learned and the service improved.

# 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. 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions.

- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, health and social care professionals to ensure the care people received was in their best interest.

- People told us staff asked them for their consent before they delivered care. They also signed their care plans to agree with the support they received. One person said, "They ask me what I want them to do. They are good, and they listen."

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed that they received appropriate training and support to carry out their roles effectively.

- New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised `Care Certificate`. They worked alongside other experienced colleagues until they were competent in their duties.

- Staff had regular supervisions and appraisals where they could discuss development opportunities.

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

- Care plans were specific and gave staff clear guidance in how to support people with their nutritional and hydration needs. Staff told us they received training and knew how to safely prepare food for people if this was required.

- Staff reported to health care professionals if people were at risk of malnutrition or dehydration and followed their advice when supporting people with this need.

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

- Where needed staff helped people to make appointments. Staff knew what procedure they had to follow in

case they found that people`s health needs changed. They told us they alerted the office staff who then contacted relatives and people`s GP if it was needed. They told us they called for emergency services if there was a need for it.

- The registered manager communicated effectively with health and social care practitioners involved in people`s care to ensure their health care needs were met, and they could continue to live in their own homes.

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

- People told us staff were kind and caring. One person told us, "Staff are very nice and kind to me." A relative told us, "They [staff] are so kind and helpful. They are all very nice."
- The provider's systems and processes were caring and enabled people to live in their own homes for as long as possible. One relative told us, "The care is definitely enabling my [relative] to maintain a level of independence within their own house."
- People's dignity was maintained in their own home. Staff were able to tell us how they made sure they closed the bedroom doors and curtains if necessary when personal care was in progress.
- Staff spoke about people with respect and in a caring way.
- The management team in the office made themselves available to help relatives with any issues they had in relation to the care package people had. One relative said, "[Registered manager] has always been available to talk to regarding on going levels of care and has been responsive to any small changes that are needed."
- Relatives told us over time the regular staff members had formed strong relationships with people and relatives. One relative said, "Staff became more than carers to us over the years. They were reliable always turning up at the designated time. We always felt very comfortable with all of the staff who provided care. The night carers provided support not only for [person] but for [relative] as well. [Registered manager] and their team have regularly gone over and above with their care. I cannot thank them enough for the outstanding care they have provided over the last four years to my [relative]."

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

- People's needs were assessed prior to them using the service. Staff told us they read the care plans and ensured the care they delivered was in line with what people wanted and needed.
- People told us they were involved in their care and consented to the support they received. One person said, "They always ask if they can do something. I am happy with them."
- People and relatives where appropriate signed their care plans to indicate their agreement and consent to the support received.

# 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 told us they liked how staff supported them. One person said, "They do for me everything I need them to. They are so good."
- Care plans were personalised to reflect people's likes, dislikes, preferences and personalities. Care plans detailed what was important to people and what staff had to do to deliver support in a way that met the person's needs but also promoted independence. For example, a care plan detailed that for a person the most important things were, "Respect my dignity, to have choice and to be able to express my wishes." The care plan guided staff on how to make sure they respected the person's choice and wishes and promoted their independence.
- Staff knew people very well and they told us how much they liked supporting them.
- Staff encouraged and enabled people to remain independent. One person told us, "I am able to do things on my own and they encourage me to keep up." Relatives told us the care people received was enabling and due to staff's effective support people were able to live in their own homes.

Improving care quality in response to complaints or concerns

- People and relatives told us the management team was very receptive to any concerns they raised and worked hard to resolve these. One person told us, "I have no complaints at all. I am happy with everything." A relative told us, "The only issue I had earlier on with the service was billing where there was some confusion over invoicing in the early stages of the care arrangements. These have been resolved and the team responded well to ensure that the information was getting through to me promptly."

End of life care and support

- Staff provided people nearing the end of their life with care and support. Initial end of life care plans were implemented by community palliative care specialists who worked in partnership with staff from the service to ensure that people received the care they needed in their own home.
- Relatives told us the care and support their loved one received from staff was outstanding and they could rely on staff not just to support the person but relatives as well in difficult times.

## 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.

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

- People and relatives told us the registered manager lead from the front and they had confidence in them. One relative said, "[Registered manager] regularly came to see [person], very often working with any new staff to ensure the high standards they strive for were always met."
- Staff told us they were happy working for the provider and the registered manager. They told us it was made clear to them from when they started working that people were in the centre of their care. One staff member said, "The most important thing is to know all the clients. Definitely, we pride ourselves on how personalised the service is. Continuity of care is provided by providing the same carers."
- There were regular audits done by the registered manager and other members of the management team to ensure that the quality of the service was monitored. These included medicine audits, care plan audits and spot checks where managers turned up unannounced to observe staff's care practices. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care
- There were regular staff meetings and staff told us these were meaningful and attended by the provider as well. This gave them an opportunity to discuss any issues with them, not just the registered manager.
- Staff told us they felt valued and listened to by their managers. We saw that staff had one to one support appropriate for their job roles. One staff member said, "I have support and [registered manager] is absolutely brilliant when I have to ask anything. I was not able to take everything in on the first day and never felt pressured and I was given the time to learn."
- Staff were clear about their roles and responsibilities.

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

- The registered manager carried out unannounced spot checks to ensure they closely monitored the quality of the care staff provided to people. When they carried out these checks people were asked to give feedback about the service and staff supporting them. The feedback was positive, and people said they were very happy with the way they were supported.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care.
- Health and social care professionals we spoke with were positive about the service and they told us communication was good between all professionals involved in people's care.

