

Chester Healthcare Limited

# Jane Lewis Health & Social Care

## Inspection report






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## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

About the service: Jane Lewis Health and Social Care is a Domiciliary Care Agency which provides clinically-specialised care packages to children and adults with complex healthcare issues.

People's experience of using this service:

People and families told us the staff were kind, compassionate and respectful towards them. They described how they trusted and felt safe with the staff. The management team and staff had developed strong relationships with people and family members and were described as 'going that one step further' in order for them to have an improved quality of life.

People had had the opportunity to choose their own staff and ensure that they were compatible. Family members told us they had become reliant on the staff, had full confidence in them and they were more like friends.

People were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was exceptionally well-led. There was a visible and effective leadership team who were open and transparent. This resulted in an effectively organised, supportive and well managed service. Professionals told us they continued to return to the service for new support packages as they had "Every confidence" in them and they would "Think outside of the box" to make things happen.

The registered manager demonstrated how their robust quality assurance systems had sustained continual development and improvement at the service. They had demonstrated innovative ways of working that ultimately improved the outcome for people and families they supported. They were clear about their expectations relating to how the service should be provided and led by example. Since the last inspection, they had made many positive changes and were driven to provide an outstanding service. They were supported by support workers and a management team who were passionate and fully committed to delivering quality person-centred care to people. Morale was high within the service.

People and families were extremely complimentary about the support provided and told us how they had been able to maintain wider family relationships, work, education and social lives. A very person centred approach had been adopted in the assessing, planning and delivery of people's care and support. This took into account all aspects of a person's health and wellbeing. Care plans were extremely detailed and informative yet highly personal. They identified positive outcomes for people.

Staff were highly skilled, motivated and knowledgeable. They provided flexible care and support in line with a person's needs and wishes. The staff team was consistent and people achieved positive outcomes which exceeded expectations. People were able to live in their own homes and maintain personal or family

relationships. Staff worked alongside other family members and professionals to provide a better quality of life for people in the short and long term: supporting them to develop in areas such as communication, social interaction, education and independence.

People told us they felt safe whilst being supported by staff. Families were confident that loved ones were well cared for despite known risks to their health and wellbeing. Adults and children were supported to live at home with complex health needs. Staff encouraged them to be as independent as possible whilst ensuring they remained safe and well. There was a proactive approach to assessing, anticipating and managing risk which allowed people to remain safe.

People were encouraged and supported to take positive risks so the restrictions on their own or family life were kept to a minimum.

Medicines were managed safely and people received medication at the right time.

Rating at last inspection: The service was rated good on 5 May 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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.

## 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 remained good.

Details are in our Safe findings below

Good 

### Is the service effective?

The service was now extremely responsive.

Details are in our Effective findings below

Outstanding 

### Is the service caring?

The service was now exceptionally caring.

Details are in our Caring findings below.

Outstanding 

### Is the service responsive?

The service was now extremely responsive.

Details are in our Responsive findings below.

Outstanding 

### Is the service well-led?

The service was now extremely well led.

Outstanding 

# Jane Lewis Health & Social Care

## **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:

An adult social care 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 care service.

#### Service and service type:

This service is a domiciliary care agency which provides personal care to people living within their own homes. It delivers a service to adults and children with a wide range of complex needs.

At the time of the inspection, 45 people were supported but the service.

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 short notice of one working day to ensure someone was in the office.

#### What we did:

#### Before the inspection:

We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection:

Inspection site visit activity started on 21 January 2019 and ended on 29 January 2019. We visited the office location on 21 and 24 January 2019 to see the manager and office staff; and to review care records and policies and procedures.

We spoke to or visited five people using the service and nine family members to ask about their experience of care. We also spoke with the registered manager, the complex care manager, the nurse assessor and five members of staff.

We sought feedback from professionals whom used the service such as community nurses, social workers and case managers.

We looked at ten people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, training records, recruitment records for five staff and documents highlighting checks carried out on the service delivery, staff competence and equipment.

After the inspection:

We reviewed information sent by the registered manager to collaborate discussions held on inspection.

# Is the service safe?

## Our findings

Safe – this means 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.

- Safeguarding policies for both adults and children reflected local procedures and contact details. The service spanned a number of different local authorities and there was information relevant to each. Staff demonstrated an awareness of these and knew who to inform if they witnessed or had an allegation of abuse.
- The registered manager liaised with the local authority if they had any safeguarding concern and had been proactive in doing so. A professional was highly complementary regarding to a matter reported and the services engagement with the Local Authority Designated Officer.
- To compliment whistleblowing policies, the service had introduced a 'Speak up Guardian'. The aim of this role being to ensure workers are supported in speaking up about concerns, barriers to speaking up are addressed, a positive culture is fostered and issues raised are used as opportunities for learning and improvement.

Assessing risk, safety monitoring and management.

- Extremely robust contingency plans were in place to manage situations such as staff absence or unpredictable weather. There was a 24 hour phone line in order to offer advice and guidance in an emergency.
- Risks to health and safety were appropriately assessed and control measures were in place to mitigate the risks identified. Informative and individualised risk assessments and management plans covered various aspects of a person's life, including those arising from complex medical conditions.
- Staff had fostered positive and trusting relationships with people and their family members as they had the time and skills to do so. They monitored situations to prevent abuse and to enable problems to be detected early.
- Environmental risk assessments had been completed and detailed any considerations for a person's safety including that of staff. For example: Prior to its use, a robust assessment had been carried out on the safety and suitability of a swimming pool in regards to its staffing levels, access, changing facilities, water quality and temperature and signage.
- There was a list of equipment used during the delivery of support along with who was responsible for maintenance and relevant service dates. The service had signed up to receive safety alerts in regards to medical devices to inform safe and best practice.
- Staff had excellent training which enabled them to provide safe care

Staffing and recruitment.

- A recruitment team was in place to ensure there was a safe, consistent and reliable work force. The recruitment and selection process was robust and staff were subject to criminal record checks before and

during work at the service. Additional checks were undertaken to ensure nurses were appropriately registered.

- One person told us "That's one of the reasons we chose 'Jane Lewis' because they do provide consistency." People also told us staff were reliable and prompt. One person commented "Actually, [staff] is always early, but sits in the car until the right time. They live quite a distance away so worries they won't be here in time."

Using medicines safely.

- Medicines were managed safely by suitably trained and competent staff.
- Staff supported people to ensure medication was taken at the right times and via the correct route.

Preventing and controlling infection.

- Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information.
- Staff used personal protective equipment (PPE) where required.
- Additional information was available for staff where a person had an acquired infection which required a specific approach.

Learning lessons when things go wrong.

- The registered manager undertook a root cause analysis of any near miss, incident or accident to identify any patterns or trends so lessons could be learnt when things went wrong.
- There was evidence of extensive learning and reflection from critical incidents that had taken place.
- There was a proactive and robust approach to managing poor performance of staff. Staff were supported to improve their practice where concerns had been raised.



# 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 better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support.

- □ Many people had life limiting or life threatening conditions. Staff ensured people experienced a level of care and support which promoted their wellbeing and meant they had a meaningful life. Staff used their initiative to make the best use of the time allocated.
- □ People and families spoke extremely positively about the impact the service had on their lives. Outcomes for people were positive, consistent and often exceeded expectations with people being able to successfully leave a long term care environment to live with loved ones, to avoid repeated hospital admission, attend mainstream school or live independently.
- □ People told us their quality of life and that of the family had improved greatly as they could be a family once more, participate in 'normal' day to day activities and maintain personal relationships.
- □ Where people had medical conditions which was very unstable, staff had applied effective techniques to manage this in order to improve people's quality of life by keeping the well and reducing levels of anxiety.
- □ A 'traffic light' system had been developed for key health conditions so staff and family members were aware when and what processes should be followed should a person become unwell and support from any health care professionals and clinical specialists.

Staff working with other agencies to provide consistent, effective, timely care.

- □ There was significant evidence to demonstrate that links with health and social care services were excellent especially where people had complex or continuing health needs.
- □ Support plans were developed in conjunction with a host of other professionals such as physiotherapists, respiratory nurses, dieticians, work places and education. This meant people continued to receive seamless care as they went about their daily lives.
- □ Exceptional work was done in order to facilitate transition from or to prevent admission to hospital. There was an abundance of examples, where the service had worked alongside hospital and community staff to set up a safe and effective discharge home: with the right staff, the right skills and the right equipment.
- □ The service worked in partnership with other organisations to make sure staff were trained to follow best practice and where possible, contribute to the development of best practice. For example hospital staff were not agreeable to 'signing off' observations and staff competence to provide a special form of clinical support. In order to facilitate a safe discharge home, the service sought a training provider who carried out the initial assessments and training but then has provided on-going competency assessment for new and existing staff.

Staff support: induction, training, skills and experience.

- □ Training and staff competence was a major factor in people choosing this service provider. Comments

included: "[Name] has very complex needs and the carer has had on-site training with an assessor", "[Name] does have complex needs and requires equipment use. They have had appropriate training" and "I'm very happy. They have a lot of experience and they're very competent" and "I think it's really good quality. Any training I've asked for the carer to have has been provided".

- Only staff that could evidence a minimum of six months' experience in health or social care were employed. Staff were subject to a period of induction before being assessed as competent to work independently.
- All staff had training deemed as essential by the provider. Staff training was further developed and delivered around individual needs. Staff undertook comprehensive training in aspects of clinical care, tailored to each person being supported. This enabled them to deliver and maintain professional, high quality care for children and adults with extremely complex needs safely and confidently.
- People, their families and other carers were involved in planning and delivering this training. Staff competency and compliance was assessed in all clinical areas by a clinical lead nurse or a nurse assessor.
- There was an excellent support and appraisal system for staff, which recognised that continuing development of skills, competence and knowledge, is integral to ensuring high-quality care and support. Staff were supported and encouraged to develop new skills and to progress within the organisation.
- A member of staff was the learning representative for the Royal College of Nursing. They supported staff both in and outside of the organisation to promote best practice and to pass on knowledge and skills.
- There were champions in the service who actively supported staff to make sure people experience good service leading to a better quality of life. Staff had lead responsibility for safeguarding, dignity and dementia to name just a few.
- Staff knew people extremely well and how to best meet their needs. They used the training they had received to support people and provide excellent outcomes and a good quality of life.

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

- There were strong links with dietetic professionals and staff were aware of people's individual preferences and patterns of eating and drinking.
- Staff supported people to receive adequate nutrition and hydration through alternative means such as Percutaneous Endoscopic Gastrostomy (PEG). They followed best practice guidelines and ensured complex feed regimes were maintained.

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 and found they were.

- Staff had the appropriate knowledge to apply the principles of the MCA and were aware of its implications. Where a person was deprived of their liberty by the Court of Protection staff were aware of this and their responsibilities to fulfil the support plan.
- Where people were deprived of their liberty, the service worked with the local authority and court appointed deputies to ensure decisions made on behalf of people were lawful.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- The service worked extremely hard to provide people with support to achieve the best outcomes possible whilst ensuring their needs were met

- The service worked extremely closely with other health and social care professionals to complete thorough pre-assessments; this helped to ensure they were able to provide the right support and improve people's quality of life.
- Assessments were unique to an individual and contained information and guidance specific to each person's needs and wishes. The service was holistic in its approach to the assessment, planning and delivery care and treatment. Assessments and support plans had been completed in exceptional detail.
- There was a consistent team of staff some of whom had been recruited to work with specific individuals or families following a recruitment campaign. People who received support and their family members had the opportunity to be involved in the interview and selection process so they exerted greater control, choice and influence over who would support them, resulting in better outcomes.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity.

- □ Staff were motivated to provide care which was personal, kind and compassionate. Staff had developed caring and respectful relationships with people and their wider family networks.
- □ The registered manager recognised people needed to be supported by staff who they could build positive relationships with and whom they could trust. They tried to ensure they matched staff to families through the recruitment and 'meet and greet' process.
- □ People and family members had been involved in care planning and had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences.
- □ Support plans took into account people's disability, age, gender, sexual relationships, religion and cultural needs.
- □ Family members summed up their experience by saying "It is fantastic service. There is outstanding care and how they are with [name] is exceptional. They can be quite challenging but they keep their cool all the time. The way they manage the situation and handle [name] is just amazing," "I'm perfectly happy. They do lovely things like bring Christmas presents for [name]. The ones I've ended up with are excellent and suitable to the package" and "[Staff] is like a mate and is excellent."

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

- □ People and those close to them were actively involved in their care. Staff worked in partnership with people and empowered them to have a voice and share their views. One person, when asked about decision making, said "I have full control. If there're any changes to the care-plan, I'm the one who does it".
- □ Staff were sensitive to parents recognising they were the primary facilitators for their child's development, wellbeing and functioning. They ensured they included families and engaged them in the child's care and development.
- □ Staff were keen to ensure parents were equal partners when helping to plan, deliver and develop care. A family partnership agreement was often set up to help parents made decisions.

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

- □ Staff provided both practical but also emotional support. They understood the difficulties of caring for a person with complex needs and the additional pressure this could have on family dynamics. They were empathetic and sensitive to family matters that impacted on the household.
- □ Parents had gained trust in staff enabling them to leave the family home and carry on with work, maintain a social life and support other family relationships. Comments included "[Name] is very good; we trust her" and "[Carer] listens very well; she understands the situation and is keen to help". Privacy and dignity was always respected and confirmed our discussions: "They certainly they do [maintain dignity]", "They always

make sure [name] is covered and "They always ask [name] and explain things before they do anything".

- People and families were supported and encouraged to maintain and develop relationships with those important to them, social networks, education, work and the community.
- Staff supported people to be as independent as they could be for themselves.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

## Is the service responsive?

### Our findings

Responsive – this means that the service met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People spoke extremely highly of the service they received and felt that it met their needs in every aspect of their support. Comments included "I'm really impressed. I've had experience of other agencies and I would rate 'Jane Lewis' very highly", "I think the two carers they've provided deliver outstanding care" and "Their attention to detail with care-plan documentation record-keeping is very good; I'm very impressed."
- The service and staff displayed an extremely person-centred approach which was reflected in assessments and care plans and evidenced in the care and support people received. Information was available in a variety of formats to meet the communication needs of those using the service. Documents could be translated, written in easy read or different print. Changes had been made to how rotas were presented or how staff passed on information to meet the communication needs of a family.
- Staff supported some children with their educational development alongside delivering clinical support. This involved being part of individual Educational Plans and helping the child meet targets around communication, cognition and social interaction. Support plans included how staff should make their interventions meaningful to the child such as increasing stimulus such as sound, smell and touch.
- Staff had supported a person through education and into independent living: supporting them to set up home practically as well as providing emotional and physical support. Staff also supported people and their families to take part in sports and leisure activities that promoted their wellbeing such as exercise classes, yoga, swimming, work experience and even a school prom.
- The service was responsive to people's changing needs. They operated an effective out-of-hours call service. An on-call supervisor was able to respond immediately ensuring any concerns were addressed immediately or referred to the relevant professionals where required.

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback about their experiences of care. The service provided a range of ways to do this through review meetings, regular surveys (written and/or online) and other meetings held with people and family members.
- People and family members were given information about how to make a complaint and were confident any complaints they made would be listened to and acted upon in an open and transparent way.
- People and families said they would have no hesitation in raising a concern and commented "I would certainly feel comfortable doing so", "Everybody I've spoken to I've felt very comfortable with. I feel I can be open with them and be able to say what I want to say."
- Complaints had been dealt with appropriately by the registered manager and used as an opportunity to improve the service.

End of life care and support.

- Many of those people supported had life limiting conditions. Staff had supported families through a time of bereavement and had been an on-going source of support.
- Staff had the right skills and knowledge to provide end of life support from a clinical, emotional and practical perspective.
- There were systems in place to support staff emotionally and psychologically in supporting adults and children during their last days and in the following periods. Staff confirmed that they felt supported during what could be a difficult period of time.

## Is the service well-led?

### Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- □ The registered manager and the staff had a well-developed understanding of equality, diversity and human rights, and they prioritised safe, high-quality, compassionate care.
- □ The service genuinely welcomed feedback, even if it was critical, and could demonstrate what action had been taken in response. A good example of this was seen in actions taken following an Ombudsman review where the service had taken disciplinary actions against staff, created additional management posts, reviewed its safeguarding processes and strengthened its out of hours service.
- □ People were involved in or consulted about reviews of concerns, accidents, incidents and adverse events and in planning to prevent similar incidents in the future.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- □ Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team. Regular spot checks and reviews were in place to ensure high standards of care were met and maintained.
- □ Care records were reviewed internally by the registered manager and externally by experts in various medical fields to ensure the service was providing a good quality needs-led service. A health professional commented that care records were "Effective, clear and concise".
- □ Communication with health, social care and education was positive. One health professional commented "Communication with management has been superb."
- □ People and families were regularly asked for their views about their experience of using the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people could share their experiences about the service they were provided.
- □ The service hosted many events throughout the year to which users of the service, members of the public and other organisations could attend such as charity events and training days. A newsletter kept people up to date with things that had been going on.

Continuous learning and improving care.

- □ Feedback from people, relatives and professionals involved with the service said it was of a consistently high-quality. One family member said that there was no room for error in the care delivery to their relative and in four years they had never had any concern.
- □ People experienced a service which went above and beyond their expectations and was highly



dependable. The service ensured highly skilled staff who had received bespoke training in order to manage very complex health needs. The input of care staff was, on occasions, essential to sustaining life.

- There is a particularly strong emphasis on continuous improvement for staff and the service. The registered manager could outline to us how the service had moved forward since the last inspection and what innovative changes they had made. The service was in the process of setting up a training resource for staff, families and professionals. The 'Better at Home' Training Suite is to provide a safe and supportive place for families and staff to learn and practice skills for providing essential medical and nursing care in an environment which looks and feels like home.
- Other professionals told us that the service was able to think imaginatively as to how to solve issues rather than to see them as a barrier: this included looking at how to continue to provide support to people if they entered hospital, recruiting staff with specific skills, helping staff with work permits or sourcing additional training.
- Staff told us they felt comfortable challenging each other's practice and the management team to ensure best practice was followed. They valued feedback on their own performance and were provided with the opportunity to comment on the service, including in team meetings.
- Regular reviews of people's care records and incidents and events meant the service was continuously adapting the support provided and reduce further incidents from occurring.

Working in partnership with others.

- Professionals told us they used the service as it has an excellent reputation and a track record of being an excellent role model for other services.
- Examples were seen where there had been partnership working to build a seamless experience for people transitioning in and out of acute hospital and rehabilitation services. A new initiative for to provide clinical support to children whilst in hospital will enable personalised care by staff who know them best.
- Leaders, managers and staff strive for excellence through consultation, research and reflective practice.