

Joy Caring Services Ltd

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## 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

The inspection took place on 21 and 26 July 2016. We gave the provider 48 hour notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection. The service had not been inspected since they registered with the Care Quality Commission on 15 April 2014. Joy Caring Services is a small domiciliary care agency and is registered to provide personal care and support to people who lived independently in their own homes. At the time of our inspection there were seven people using their services. Most of the people supported by the service were living with a life limiting illness or they were nearing the end of their life.

There was a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. In this instance the registered manager was also the provider.

People felt safe and were happy with the way they were supported in their homes. Staff had received training in how to safeguard people from the risk of abuse and knew how to report concerns both within the organisation and externally if necessary. Recruitment practices were safe and effective to help ensure that all staff were suitable to work with people in their own homes.

People who were being supported by the service and their relatives were positive about the skills, experience and abilities of staff who worked in people's homes. Staff told us they had training and regular updates which helped them develop their knowledge and skills to support people effectively. Staff had regular supervisions and told us they felt well supported by the registered manager and the care managers.

The registered manager developed a good working relationship with other community palliative care teams and district nurses teams to ensure people were supported to maintain good health and had access to health and social care professionals when necessary. People were supported to take their medicines and meals where necessary.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

Staff established what people's wishes were and obtained their consent before providing personal care and support, which they did in a kind and compassionate way. People's family carers told us staff looked after them as well as they looked after the people using the service. They praised staff and the registered manager for their kindness and compassion they showed to people.

People were involved in the planning, delivery and reviews of the care and support provided. Care plans

were written and reviewed by people or their rightful representative. People's personal information was securely maintained within the office.

The registered manager visited every person who used the service at least once a week to ensure the support people received met their needs. They also asked people, relatives and staff for their feedback about the quality of the service provision.

Health and social care professionals told us they felt Joy Caring Services were reliable and offered a safe and effective service to people with complex health and social care needs.

People, their relatives, and staff were complimentary about the management team and how the service was run and operated. People told us staff were never late and never missed a visit. There were systems in place to monitor the quality of services provided. The registered manager carried out regular spot checks to observe the quality of the care provided by staff and check staff`s competencies. Feedback was obtained and used to make improvements.

## 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.

People were protected against the risk of harm by staff who knew how to recognise and report any signs of abuse.

Staff were knowledgeable about the risks to people`s health and wellbeing and how to mitigate these to keep people safe.

Recruitment processes were robust and staff were employed in sufficient numbers to meet people`s needs effectively.

People told us the service was reliable and staff were always on time and never missed a visit.

People were supported to manage their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had received appropriate training to give them the knowledge and skills to meet people's needs.

Staff sought people's consent before providing care and support.

People were supported to drink sufficient amounts and where required staff supported them with their meals.

People were supported to access health care professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People and their family carer where appropriate were involved in making decisions about the support they received.

People's dignity and privacy was respected and maintained.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care and support which was responsive to their individual needs.

People were involved in the planning and reviewing their care and support. If people were able they wrote their care plans in their own words.

People told us they never had to complain however they were aware of the complaints procedure.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People were positive about how the service was operated and had confidence in the staff and the management team.

The registered manager had a clear vision about the service they provided and they promoted an open and transparent culture.

Staff shared the ethos and the values of the service and put people in the centre of the care and support they provided.

The provider had systems in place to monitor the quality of the service and drive improvements.

# Joy Caring Services Limited

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 21 and 26 July 2016. We gave the provider 48 hour notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We requested feedback from health and social care professional's familiar with the service. Before we inspected the service we sent questionnaires to people who used the service to find out if people felt that the service they received was safe, effective, caring, responsive and well-led.

During the inspection we spoke with four people who were being supported by the service, their relatives, three members of staff, two care coordinators and the registered manager who was also the provider. We looked at care plans relating to three people who used the service, four staff files and other information which related to the overall monitoring of the service.

# Is the service safe?

## Our findings

People told us they felt safe being supported by staff who worked at the service. One person told us they felt safe because staff looked after them and protected them from harm. People's family carers and health and social care professionals told us they felt the services provided were safe and met people's needs. One health care professional told us, "I do feel the clients are safe with [provider] and beyond." They continued, "To summarise, I feel that any client that has Joy Caring Services currently as their care provider is very much in safe hands."

Staff had received training in how to protect people from potential abuse. Staff told us they knew how to recognise signs of abuse and how to report internally and externally. One staff member told us, "We [staff] have regular safeguarding training and we know what to look for when we are in people's homes. We know how and to whom to report."

Staff were very knowledgeable about every person they supported, the risks to people's health and wellbeing and how to mitigate these risks. Risks were identified, appropriately managed and mitigated by staff and the registered manager. The registered manager told us, "People we care for are nearing the end of their life. Often they are cared for in bed and the most important thing is to keep the comfortable and pain free." They continued, "Any risks we identify we communicate between all the parties involved in people's care to make sure we keep people safe." For example, we saw if people needed support from staff to mobilise or the use of equipment they had risk assessments in place to give clear guidance for staff how to mitigate the risks. Staff were also knowledgeable about managing risks when people stopped eating or drinking or had swallowing difficulties however these were not always clearly documented. The registered manager told us they were recording these as a matter of urgency.

There were no accidents or incidents since the service operated. The provider had a robust policy in place for staff to know when and how to report if these occurred. Staff told us they knew about the policies and procedures and they always had guidance and support from the registered manager if they were unsure.

People were supported by staff who had been through a robust recruitment process. Staff told us they could not start working at the service until they had all their pre-employment checks done by the registered manager which included criminal records check and written references. These checks helped to ensure that staff employed to support people were suitable to work with people in their own homes.

There were adequate numbers of staff employed at the service to provide a safe and effective service to people at all times including evening and weekends. We reviewed the rota's and saw that people were assigned care workers from within a small team and this provided consistency and people knew staff involved in their care very well. The registered manager told us staff from the office had access to two company cars in case they had to support staff to arrive to people in time or to take over visits if staff were delayed or unable to reach to people.

Staff told us they were allocated work within a small geographical area to reduce the time they spent

travelling from person to person. We found that staff had plenty of time to spend with people, visits varied from one hour to one and a half hours in the mornings, 30 minutes at lunch time and longer at tea time or in the evenings. The registered manager told us, "When I assess people I discuss the length of the time they need and then discuss this with the commissioning teams. We only take people on if we are absolutely convinced we can meet their needs safely." This meant that staff had enough time to carry out their responsibilities safely and met people`s needs at all times.

People's medicines were managed safely. Staff had received training in the safe administration of medicines and competency checks were in place including unannounced spot checks which senior staff undertook in people's homes. Staff told us they very rarely had to support people with their medicines as this was done by their family carers.

## Is the service effective?

### Our findings

People and their family carers told us they felt the care and support they received was appropriate and delivered in line with their individual needs. One person told us, "They [staff] are not only very good at their jobs but they all have different personalities and they always make us feel better." One member of staff told us, "We have our own clients. Always the same, we know them very well. The [registered] manager will do all the assessments needed and people are the ones who decide what support they need."

Staff told us they had induction training when they started working at the service and there was continuous training and refresher training provided as required. New staff also had an opportunity to 'shadow' more experienced staff and observe their practice. Newly employed staff were introduced by the registered manager to the people they were supporting to ensure they knew them before they carried out any visits. One member of staff told us some of the training they had completed included topics around health and safety, moving and handling, fire safety and safeguarding adults. Staff told us they were tested following completion of the training to make sure they understood and were able to demonstrate a satisfactory level of knowledge. Training records confirmed that staff received a varied training programme and that the training was updated appropriately. In addition to the training topics a provider is expected to deliver we saw that the registered manager ensured staff had access to more specific training opportunities. For example, staff were trained how to monitor the use of syringe pumps. A syringe pump is equipment used to give continuous pain relief to people and widely used in palliative care for people nearing the end of their life. Although this was not the responsibility of the staff they were trained to recognise if this equipment was in good working order and they were able to notify the district nurses team in case they found any faults.

We noted that people's consent was obtained and had been recorded in their care plans. Staff told us they always asked for consent before care and support was provided. Staff and management demonstrated an understanding of the Mental Capacity Act (MCA) 2005 in relation to obtaining and reviewing people's consent.

We saw that staff received regular support and supervision from their manager. Staff told us they were well supported and could always speak to the registered manager to obtain guidance or advice. One member of staff told us that, "The [registered] manager is very supportive we can call or come into the office anytime. There is always a manager available outside office hours so we are never working in isolation." Staff also told us they had regular team meetings, which gave them an opportunity to discuss all aspects of their work, share information and receive updates about the service from the registered manager. This helped them to provide an effective service to the people they supported.

Staff told us that although they sometimes supported people to eat. For meal planning and preparation most people were supported by family members. Staff told us they always made sure people had adequate supplies of food and drinks available to them. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes.

People were supported to maintain their health and well-being and staff told us that they liaised with all

health care professionals involved in people`s care. One health care professional told us, "[Registered manager] knows to contact us with any issues." They told us the registered manager had a very good working relationship with the district nurses, GP's and local clinical commissioning group. They said, "If [registered manager] feels a client is in discomfort they will come to us immediately. If a package of care needs adjusting they will also contact us directly along with the correct teams." This meant that the registered manager had recognised the importance of joint working relationship between all the professionals involved in people`s care. As a result people`s health needs were met and they were comfortable and pain free.

## Is the service caring?

### Our findings

People told us they were very happy with the care they received. They told us staff were very kind, caring and they praised the registered manager for their caring attitude. One person said, "I could not be supported better by my brilliant carers. They are all lovely and kind." One family carer told us, "Can't praise them [staff] enough. It's brilliant to have them on board. I would recommend them to anyone. They are so caring and kind." One health care professional told us they had visited a person and their family carer and they were told by them, that they could not manage without staff to care for the person and felt staff were part of the family because of their kindness. Staff and the registered manager demonstrated that they knew people very well and when they told us about people they described in detail how they offered support. Staff spoke in a kind and sensitive way and one member of staff told us, "Our job is to provide compassionate care to people and their family carers through a very emotional time in their life."

Everyone we spoke with during the inspection gave positive feedback about staff being kind and caring. One family carer said, "The [registered] manager has real empathy and has great knowledge about dementia and you can see how she helps people." Another family carer told us, "We can get a bit depressed with the situation but [registered manager] and staff cheer us up, make us laugh and we feel better for having them."

People who received a service, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. Care records were detailed about people`s wishes and views about what they expected from the service and staff demonstrated an in-depth knowledge about everyone they supported. One person wrote in their care plan, "It is important for me to have caring and sympathetic service where nothing is too much trouble. Carers to have a cheerful optimistic attitude towards me but also a realistic one." Staff were able to tell us what was important to each person they supported which demonstrated they were able to offer care and support to people in a way that promoted and accomplished people`s wishes.

Family carers and staff told us they were respectful and protected people`s dignity and privacy when offering care and support. One family carer told us, "Carers always involve [person]. They ask how [person] is and they explain what they would like to do even if [person] often doesn't reply. They maintain [person] `s dignity and enable them to manage to be washed and settled." Another family carer told us, "They always greet my [person] and involve in all they do. They [staff] make [person] to relax and laugh and they are very respectful of dignity and privacy." One staff member told us, "We always make sure we close curtains and bedroom doors when offering people personal care. We maintain and promote people`s dignity and talk to them whilst we carry out our jobs." This meant that staff were mindful and supported people to feel dignified by protecting their privacy.

The care plans were reflecting people's choices and wishes for staff to follow when they were nearing the end of their life and helped staff to care for people in a dignifying manner. People and their family carers were cared for and supported by staff who were trained and understood the high standards set by the provider regarding how to support people and their family carers in these difficult situations.

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

## Is the service responsive?

### Our findings

People's care and support needs were provided in a way that suited them and met their changing needs. One person wrote in their care plan when they started using the service, 'I just want staff to support me to start feeling better and a little stronger.' When the person reviewed their care plan they wrote, 'Their [staff] dedication and professionalism is beyond reproach and they [staff] helped me enormously to feel so much better in the short time they have cared for me both emotionally and physically.' We have asked a family carer to tell us what they thought about the service their relative received. They told us, "I can sum it up in one word- brilliant. They are not just supportive and get to understand the [person] but also they get to understand the family too."

People's care plans were personalised and paid attention to detail. They gave clear guidance to staff on how to support people and what was important to people. The registered manager told us, "When we assess a person we always ask what they want from us and what is important to them. We give people the opportunity to write in their own care plan so we capture exactly what people want and how they feel." We found that the care plans we looked at were written by people or by their rightful representative in their own words and gave a clear picture of what people were expecting from the service and how they liked to be supported by staff.

Staff were able to describe in detail all the important things about the people they supported. For example, one staff member told us a person liked to shave one side of their face and then staff took over and shaved the other side where they could not reach. When people's health or ability changed staff reported this to the office and the registered manager organised a review of their needs. For example, we saw that a person's mobility needs changed. Staff were quick in reporting this and the care plan was updated and detailed how the person's mobility changed and how staff had to support them. This demonstrated that the service responded to people's changing needs.

People were aware of how to raise a concern or make a complaint if they needed to. They were given a service user guide which gave them all the information they needed about the service including the provider's complaints procedure. People, family carers and health and social care professionals told us they never had any reasons to complain about the service. One health care professional told us, "I am delighted to report we have never had a complaint about the service."

The registered manager visited each person at least once a week to check if they were looked after well and if they had any concerns about anything. One family carer told us, "We have someone from the office who comes regularly to see how everything is going and if we want to feedback anything. We have no complaints." We also saw that people were encouraged to give feedback through surveys and care staff told us they would communicate any concerns to the appropriate person in the office if there were to be any.

We found that people and family carers sent numerous compliments to the office to praise the staff and the care and support they were given. In the questionnaires we sent to people before our inspection people indicated that they were extremely satisfied with the service. People's comments included, 'Thank you so

much for the support, care and comfort you kindly gave us', 'Thank you on behalf of my family and myself for the care and support you give.'

## Is the service well-led?

### Our findings

People were positive about the way the service was managed and operated. The registered manager led by example supported, mentored and guided staff to deliver personalised high quality service to people. The culture of the service was to provide excellent care to people and it was clear the management team had a clear vision for the development of the service. Staff told us they met regularly to discuss all aspects of the service and all staff we spoke to felt respected and consulted about the service delivery. There were regular staff meetings where everyone had an opportunity to contribute. These meetings provided all staff with opportunities to discuss current service users, any changes or concerns and share positive experiences.

Staff were people and quality focused and were clear on what their roles and responsibilities were. Staff told us they felt valued and that they found it motivating to be part of such a person centred organisation. All the staff and managers we spoke with told us they worked well as a team and supported each other. One staff member told us, "The support is wonderful. There is always someone at the end of the phone. If we need help they come and help. I love working for [registered manager]." Another staff member told us, "It is a very nice place to work, I love it." Staff told us they liked working for Joy Caring Services because the registered manager really cared for the people they supported and they were able to give quality service and spend quality time with the people they cared for. The registered manager was very positive about the staff team and told us, "The staff are brilliant; they do a fantastic job and are passionate about the people in their care. I look after them as well as I look after people. I value them and give them support."

The registered manager told us, "We are a small service. My aim is to provide the best quality care to the few people we look after. It is not about the quantity is about the quality." They told us they were only offering care and support for a maximum of 10 people and they were offering the service because they were passionate about it.

People and their family carers told us the service was very reliable and they never had missed visits or late visits. They also told us that when they started using the service they were given by the registered manager a phone number which they could use day and night if they needed help outside the agreed visit times. One family carer told us, "We have never had a missed call and we can always contact someone. I would definitely recommend them [Joy Caring Services]."

The registered manager developed good working relationships with all the agencies involved in people`s care. They participated in regular best interest meetings and care reviews with health and social care professionals, people and their families to ensure the care people received was consistent and met their needs.

There were several quality assurance systems in place. These included audits and obtaining regular feedback from people who used the service and staff. Spot checks were carried out in people's homes to check that staff arrived on time, followed the care plan and treated people with dignity and respect. The registered manager used the spot checks to observe staff`s practice and mentor and guide staff to follow best practice when delivering care and support.

We saw the results of the latest survey which demonstrated people who used the service and staff were very positive about the service. For example, 100% of people gave positive feedback about the care they received. Every person said they would recommend the service and people confirmed that staff who supported them 'went the extra mile'.