

Jaffray Care Society

Jaffray Domicillary Care Services

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

This inspection took place on 21 and 25 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Jaffray Domiciliary Care Services currently provides personal care and support to people living in a supported living scheme. At the time of this inspection there were four people living at the scheme, with one person receiving support with personal care.

There was no registered manager in post at the time of our inspection, but since then a new manager has registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

We last inspected the service on 29 and 30 January 2014; there was one breach of legal requirement at that inspection. During this inspection we found that the provider had taken action to comply with the regulations.

People received a safe service. Procedures were in place to ensure that people received a service that was safe; staff followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

People received care and support from staff that were trained and supported to be effective in their role. People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health. People's privacy, dignity independence and individuality was respected and promoted at all times.

People received care from staff that were suitably recruited, supported and in sufficient numbers to ensure people's needs were met.

People were able to raise their concerns or complaints and processes were in place to ensure complaints were investigated and responded to, so people could be confident they would be listened to and their concerns taken seriously.

People received a good quality service, which was well managed. The management of the service was stable, with processes in place to monitor the quality of the service. People were asked to comment on the quality of service they received and the information was used to improve the service.

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 said they received a safe service, procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people.

People received their prescribed medicines as required.

Is the service effective?

Good 

The service was effective

People received care from staff that had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, and people's rights were protected. People chose what they ate and drank, with support from staff in maintaining a healthy diet. People's health care needs were met.

Is the service caring?

Good 

The service was caring.

People said they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Is the service responsive?

Good 

The service was responsive.

People were involved in all decisions about their care and that

the care they received met their individual needs.

People were able to raise concerns and there were clear procedures in place to respond to people's concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

People received a good quality personalised service.

The service was monitored to ensure it was managed well. The management of the service was open and receptive to continual improvement.

Jaffray Domicillary Care Services

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 25 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority that purchases the care on behalf of people, to see what information they held about the service.

During our inspection we spoke with one person that used the service, their relative, a care staff, the nominated individual and the manager. We looked at, safeguarding and complaints records, sampled one person's care record; this included their medication administration records and daily reports. We also looked at the recruitment records of two care staff, minutes of staff meetings, completed questionnaires sent to the service and quality assurance records.

Is the service safe?

Our findings

People that used the service and their relative spoken with told us that people received a safe service. We asked the person using the service if they felt safe with the staff; they smiled and told us, "Yes." A relative said, "Yes [Person's name] is safe, I have no concerns."

There were clear procedures in place to help staff to keep people safe from abuse and harm. We saw that clear information about keeping safe was available in pictures, for the person using the service to access. This included telephone numbers for the person to call if they didn't wish to speak with staff about their safety. All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff understood how to report concerns both within the service and external agencies that they could contact, should they have any concerns about people's safety. There have been no incidents relating to people's safety at this service.

We saw that risk assessments and risk management plans were available to support staff in caring for people safely. Staff spoken with knew the risks associated with people's care and told us how they talked to people about any risks identified. For example, staff told us about how they balanced people's independence and choices against their wishes. They told us where there were risks associated with people's care; they sought health care advice and discuss the risks with the person, so that the person was clear about the risks. Staff were clear that people had the right to take risks in order to live their lives to their full potential.

Staff told us that a senior member of the staff team was on call at all times, so that staff had access to guidance and support in an emergency situation. Staff said they had been trained in emergency first aid and fire safety, so were able to act to keep people safe in an emergency.

A relative spoken with had no concerns about the staff and said they felt there were enough staff available. Staff spoken with said there were enough staff to provide the care. We saw that this was a very small service, with designated staff to provide an individual service to people. Staff told us that people using the service required staff that knew them well to offer the care and support. The manager told us that they had contingency plans in place to support the person, for example they had staff at another of their services that knew the person using the service well, so were able to cover for annual leave and sickness.

All staff spoken with said all the required recruitment checks required by law were undertaken before they started working. Records looked at confirmed this. This showed that the provider ensured that the staff employed were suitable to work with people who required care and support.

At our inspection on 29 and 30 January 2014 we found that the provider was not meeting the requirement of the regulations in respect of people's medicines. During this inspection we found that the provider had put safer systems in place to ensure people received safe support with taking their medicines. People told us that staff always gave them their medicines. Medication administration records (MAR) looked at confirmed

this. All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedure.

Is the service effective?

Our findings

A relative told us they had no problems or concerns about staff skills. Staff told us they had the necessary training to provide the care and support people needed. A member of staff told us, "I have had all the training needed. They [the organisation] provide very good training."

Staff said they had regular supervision and appraisal to enable them to undertake their role well. We saw that the provider adopted a planned approach to staff training, supervision and appraisal, which was monitored and reviewed to ensure they were effective. A member of staff told us, "The organisation is very supportive."

We saw that staff sought consent from people on all aspect of their care and support. Staff told us that they always provide care and support in line with what people wanted.

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. Staff said the people they supported had the capacity to make decisions about their daily lives. Staff said they had received training to enable them to understand how to protect people's rights. Staff told us that should people need support in making any decisions about their care they were referred to the advocacy services for someone to support them.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff knew about the DoLS, however, they were clear that this did not apply to anyone using this service and were aware of what action to take should people lack the capacity to make decisions about their care and living arrangements. For example, staff said that some people needed help with managing their finances, and were aware that where necessary a court of protection order was in place for people.

People had control over what they ate and drank and were supported by staff to prepare and cook the foods that they liked and enjoyed. Staff knew how to support people that had specific dietary needs or were at risk of eating certain kinds of foods. A member of staff told us about someone who was at risk of choking. They described how they liaised with the relevant health professional to ensure the person's needs were supported in a safe way and the person could continue to eat the food they enjoyed.

People had access to a range of health care professionals to support them in keeping well. Records looked at showed that people had a health assessment and plan in place, to ensure their health needs were supported.

Is the service caring?

Our findings

One person agreed for us to visit them in their home. This person told us staff treated them well. A relative told us they had no concerns about the care provided to their relation. They told us, "[Person's name] does pretty much what they want to do and [person] is happy there."

We saw that people had very good relationships with the manager and staff that supported them. When talking to staff they talked about people with fondness and it was clear that staff enjoyed supporting people to live full and independent lives. A member of staff told us, "The organisation is good at putting people first."

People were involved in discussing and agreeing their care and support needs, and we saw this happening during our inspection. We saw that staff did what people wanted them to do.

People's privacy dignity and independence was respected. A relative told us and we saw that people lived a full and independent lives as possible. People said staff knocked their doors and waited to be invited into their rooms. A member of staff said, "I knock doors and ask if I can come in."

Is the service responsive?

Our findings

People that used the service and their relative spoken with told us that people decided how they wanted their care and support to be provided. A relative told us, "[Person's name] live as good a life as [Person's name], is able to. [Person's name] does pretty much what they want to do."

We saw that people had personalised needs assessment and care plans detailing the support they wanted. These were in a format that was fully accessible to people, and we saw that people were involved in agreeing and deciding exactly what kind of support they needed. Staff told us that where people were unable to sign their care plans, they ensured they had a full discussion with the person, so they knew what was included in the plan and were able to disagree and change things as necessary.

All staff spoken with told us the service was designed and guided by the needs of people using the service. The manager told us how they had supported a person from the outset to move into supported living, so as to enable the person to live a fully independent life. The nominated person told us how they had seen the confidence and independence of the person grown due to the exceptional support staff provided to the person. This makes the service very personalised and able to respond to well to the needs of people.

We saw that people had designated staff assigned to them; this enabled staff to know people well and so were able to respond to people's changing needs. We saw that people's needs assessment, care plan and risk assessment were reviewed and updated taking into account people's changing needs.

A relative told us they had no complaint about the service. The person told us they had not made any complaint, but said they would speak with the manager if they had any concerns and was confident their concerns would be addressed. We saw that there was a complaints procedure in place, a copy of which was available to people using the service; this was in a format that people could easily understand. Staff spoken with said they would follow the complaints procedure and report any issues to the manager if they felt the person using the service had any concerns.

Is the service well-led?

Our findings

People told us that the management of the service was open and that they had a good relationship with staff. A relative told us, "I have a good relationship with the manager."

Staff were complimentary about the openness and management of the service and the organisation's approach to staff support. A member of staff told us they had been put forward for and won an above and beyond duty award, presented by the organisation for the exceptional support provided to a person using the service. The nominated person told us, that the ethos of the organisation was to invest in their staff, to secure a good quality service for people. A member of staff told us, "I look forward to coming to work. The organisation is person centred and put people's needs first." The member of staff also went onto say, "They think about their staff also and listen to staff."

Staff spoken with said they were able to make suggestions for improvement to the service during staff meetings and individual supervision sessions. There was also a staff consultation forum to enable staff to make an input into improvements within the organisation. Staff said the managers were open and accessible to them and that the manager visited the service frequently, so were able to raise concerns as they wished. This ensured staff were able to put forward ideas on improvement to the service and raise any concerns they had about poor practice.

There was no registered manager in post at the time of our inspection. However, the provider kept us informed of the change in manager and was taking steps to register a manager to manage the service. Since our inspection a manager has registered with us, so all conditions of registration were met.

Information we hold about the service showed that there were no concerns about the service and where necessary the service kept us informed about changes that affected the management of the services.

The manager and nominated person told us how they had viewed our requirement notice from our last inspection 29 and 30 January 2014 as a positive driver and had worked with a community pharmacist to improve the medication systems across the organisation. They told us this had improved the outcome for people using the services provided by the organisation and had reduced the risks of medication errors across all of the service areas.

We saw that there were both internal and external systems in place to monitor the quality and safety of the service. These included regular surveys to people, relatives and other professionals. These were analysed and used to inform service improvement. We saw that there were systems to audit and monitor all aspect of the care and support people received. In addition the nominated person told us, they had various award for health and safety, award for employer of the year and investors in people award.