Mr Michael James Holmes

Jane Care

Inspection report

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Date of inspection visit:
17 November 2017
21 November 2017
24 November 2017

Date of publication:
24 January 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was announced and carried out on the 17, 21 and 24 November 2017.

The service was previously inspected in June 2016 during which we identified two breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care records did not contain contemporaneous information, and audit systems were not always robust. At this inspection we found that improvements had been made in these areas; however we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older and younger adults, and provides a lot of support for people who are at the end stages of their lives.

The service has a registered manager in post who had been registered with the CQC since July 2011. 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.

At the last inspection in May 2016 we had made a recommendation to the registered provider around the safe recruitment of staff. However, we found at this inspection, that some of the issues we had identified had not been addressed. Recruitment processes were not robust enough to ensure the safe recruitment of suitable staff. We identified that risk assessments had not been completed for those staff who had previously committed criminal offences. Interview processes had not taken this information into account, and disciplinary processes had not been considered in an example where a member of staff had not disclosed criminal offences. In one example we identified that action had not been taken to verify a reference, sent from a personal email address, despite this member of staff having a previous criminal history.

At the last inspection we identified that care records did not always contain up-to-date information about people's needs and risk assessments were not being completed in relation to people's needs. At this inspection we identified that people care records contained accurate and up-to-date information about people's needs. Risk assessments were in place and provided information to staff around how to manage those risks presented to people. This helped ensure that staff had access to information about supporting people and how to keep them safe.

At our previous inspection we found that audit systems were not robust. At this inspection we identified that improvements had been made in relation to these. Spot checks on staff had been completed by the registered manager and the care record audits were also being completed. However; the registered manager and registered provider had failed to identify issues relating to the recruitment processes.

There were sufficient numbers of staff in post. People commented that staff usually arrived on time, or within an acceptable time frame. People confirmed that staff always turned up for their care call. Staff told us they had enough time to spend with people and did not feel stretched.

Supervisions were carried out with staff. A tick box format was used to rate staff based on their performance. In some examples we found no written commentary had been added to this to demonstrate the rating given to staff, or any discussions around development and progression. We have made a recommendation to the registered manager in relation to this.

Staff had received the training they needed to carry out their role effectively. People and their family members told us staff were good at their jobs and that they used the correct equipment to support them during moving and handling tasks. The service provided end of life support to a number of people. Staff had been provided with the training needed to support meet people's needs.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and knew how and to whom to report any concerns they may have. This helped to ensure people's safety.

People told us that positive relationships had been developed between them and staff. They told us staff were "bubbly" and "helpful". One family member told us that staff made their relative laugh, whilst other people told us they felt relaxed and at ease whilst being supported by people.

People were treated with dignity and respect. People told us that staff conducted themselves respectfully and left their homes clean and tidy. Whilst we did not observe any interaction between staff and people using the service, staff were able to give appropriate example around how they would ensure people's dignity was maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. This ensured that people's rights were protected under the Mental Capacity Act 2005.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Recruitment processes did not promote the safe recruitment of suitable staff.

Staff had received safeguarding training and knew how to report any concerns they may have.

There were sufficient numbers of staff in post to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff supervisions were being completed, however more robust recording was required to demonstrate staff performance and development.

Staff had received the training they needed to carry out their role effectively.

People's rights were being protected in line with the MCA 2005.

Is the service caring?

Good

The service was caring.

Positive relationships had been developed between staff and people using the service.

People commented that staff were respectful and worked to promote their dignity.

Processes were in place to ensure people's confidentiality was protected.

Is the service responsive?

Good

The service was responsive.

Care records clearly outlined people's needs and contained accurate and up-to-date information.

End of life support was provided in a dignified manner. Staff had completed training in end of life support.

There was a complaints process in place and the registered manager had responded in a timely manner to concerns that had been raised.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

We identified unsafe practices in relation to the recruitment process which had not previously been identified by the registered provider.

The registered provider had quality monitoring processes in place, however storage of archived material was haphazard and not easily accessible to support with identification of patterns and trends.

The registered provider had sent notifications to the CQC as required by law.

Jane Care

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.

The inspection was announced and took place on the 17, 21 and 24 November 2017. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we spoke with the local authority who did not raise any concerns regarding the service.

During the inspection we visited and spoke with three people in their own homes, during which we also spoke to two people's family members. We also contacted two people's family members via telephone to discuss the care provided to their relatives. We looked at three people's care records. We spoke with two members of staff and looked at the training and recruitment files for three staff. We also looked at records relating to the day-to-day running of the service, for example audit records and staff supervision files.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe using the service. Their comments included, "Yes I feel safe with carers" and "They turn up when they're supposed to and do what is needed to keep me well". Other people confirmed that staff used appropriate equipment whilst carrying out moving and handling tasks, which helped ensure people's safety was maintained. One person's family member commented, "[My relative] used to get a lot of pressure ulcers, but Jane Care have dealt with these really well and these have all gone". Pressure ulcers can occur where people are not able to reposition themselves which leads to a deterioration in their skin.

At the last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because risk assessments were not always in place with regards to people's needs. At this inspection we found that sufficient action had been taken to address this.

Risk assessments were in place which outlined to staff how they should support people to remain safe. For example, where people were at risk of developing pressure ulcers, instructions had been incorporated into people's care records around how staff should act to prevent these from occurring, for example by using appropriate equipment. In other examples where people used creams that may be flammable, a risk assessment was in place reminding staff to be conscious of this if they supported people who were smokers. This helped keep people safe from the risk of harm.

At the last inspection we made a recommendation to the registered provider around recruitment processes. At this inspection we found the required improvements had not been made. Recruitment records showed that one example a member of staff had not disclosed important information on their employment application, which had then come to light following a check by the Disclosure and Baring Service (DBS). Despite this there was no record of a discussion taking place with the member of staff or use of the disciplinary procedures being used. In another example, where a member of staff had disclosed their criminal history, interview records showed that this had not been explored further. Risk assessments had not been completed for those staff with a criminal record to show that the registered provider had considered their suitability to work with vulnerable people. We raised this with the registered manager and registered provider on the first day of the inspection. On the second day of the inspection risk assessments had been put in place around this.

New staff had been required to provide two references, one of which was from their most recent employer. Recruitment records showed an example where a reference had been submitted from a referee's personal email account. Action had not been taken to verify the authenticity of this reference. This was with regards to a member of staff with a criminal history, which made it more important to ensure the recruitment process was robust. This undermined the registered provider's ability to make safe and informed decisions around the recruitment of staff.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in safeguarding vulnerable people. They demonstrated a good knowledge of the different types of abuse that can occur and the signs which may indicate abuse. Staff were aware of the process for reporting abuse, telling us they would go to their manager or report directly to the local authority safeguarding team if appropriate. This helped ensure that people were protected from the risk of abuse.

People told us that there were sufficient numbers of staff in place to meet their needs. People commented that staff always turned up to their call. Some people commented that staff did not always arrive on time, however they all attributed this to local traffic issues. Some of the comments from people and their family members included, "If carers are late it's not by a significant amount of time", "It's give and take with times. It's usually traffic related if they are late" and "They usually turn up on time, or if not they will only be a little bit late".

A majority of people we spoke were supported to take their medication as prescribed by family members. However, in examples where this was not the case Medication Administration Records (MARs) were in place which staff had signed to show that this had been given. Staff had received training in the safe administration of medication, and their competencies had been checked.

At the time of the inspection no accidents or incidents had occurred. We spoke with the registered manager who confirmed that a record of these would be kept where they did occur.

Good

Is the service effective?

Our findings

People told us that they felt staff were skilled and good at their job. Their comments included, "They have been supporting [my relative] for a while now and they always seem to know what they're doing", "I would say they appear skilled" and "Some of the carers are very experienced. They are brilliant".

At the last inspection we made a recommendation to the registered provider around meeting the requirements of the Mental Capacity Act 2005 (MCA). At this inspection we found action had been taken to address this.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In community based settings authorisation to restrict a person's liberty needs to be granted by the Court of Protection. At the time of the inspection there was no one who required their liberty restricting in this way.

Whilst there was no one whose liberty was being restricted, it is a legal requirement that the registered provider ensure their processes are being carried out in line with the MCA. Staff had received training in the MCA and were aware of their roles and responsibilities in relation to this. People confirmed that staff provided them with choice and control over their care. For example, one person's family member told us that staff adapted to meet their relative's changing preferences with regarding to their daily routine. This variability arose due to a health related issue. Another person told us that staff enabled them to choose what clothes they wanted to wear for the day.

People's care records contained information about their ability to make decisions relating to their care. Whilst people's capacity to make decisions can be variable, people's care records were reviewed which helped ensure information remained up-to-date. This provided staff with relevant information around people's care needs.

New staff were inducted in accordance with the standards required of the Care Certificate. The Care Certificate is a national set of standards that health and social care staff are expected to meet. New staff also spent a period of time shadowing experienced members of staff.

Staff had completed the training needed for them to carry out their role effectively. They had completed training in areas such as moving and handling, the MCA, first aid, falls prevention and medication. Staff competencies were monitored during spot checks to ensure their practice was safe. Staff told us that a majority of the training delivered to them was provided through e-learning.

Supervisions were completed with staff on a routine basis. Supervision provides staff with the opportunity to discuss any training and development needs they may have. It also enabled management to raise any performance related issues with staff. The supervision process was carried out in a tick box format which rated staff performance as "excellent", "good", "satisfactory" or "poor". In some examples we observed that no comments had been made either by staff or by the registered manager around what had been discussed during the supervision. This did not outline why staff had been rated as they were and did not provide a robust review of staff performance.

We recommend that the registered manager look at best practice in relation to the supervision of staff.

People we spoke to did not receive support from staff with meal preparation. However, records showed that staff had completed training in food hygiene. This helped ensure that staff had the skills needed to prepare food in a hygienic and safe manner. Fluid balance charts were in place for people to ensure they had enough fluids throughout the day. This helped to ensure people had had enough to drink during the day.

Where required, support had been provided to people for them to access input from health care professionals, for example their GP or the district nurse. This helped ensure people's health and wellbeing was maintained.

Good

Is the service caring?

Our findings

People and their family members spoke positively about staff. Their comments included, "Staff are excellent", "My two carers are great", "The carers we have at the moment are brilliant" and "They would do anything for [my relative]."

At the time of the inspection there was no one being supported by the service who was living with a sensory impairment. However; the registered manager was able to give appropriate examples around how they had supported people to access agencies that provide assistive technology for use in the home. For example, the use of sound or lights to alert people when someone was at the door. The registered manager also told us they had provided type in larger fonts for people with visual impairments. The registered provider had a policy in place around ensuring information was accessible for people living with a disability.

We did not observe any interactions between people and staff however, people confirmed that they were treated with dignity and respect. People commented that staff left their homes clean and tidy after they had carried out care tasks. They also told us that staff protected their dignity during personal care tasks, and that they felt comfortable in their presence. Staff were able to provide appropriate examples regarding how they would maintain people's dignity, for example by ensuring that curtains and doors were closed to ensure privacy.

Positive relationships had been developed between people and staff. The registered provider worked to ensure that people were supported by consistent members of staff. One person's family member informed us that staff "always make [my relative] laugh", and "chat to them whilst providing personal care" to make them feel more at ease. Another family member also commented that staff were "chatty", "bubbly" and had a good relationship with their relative. Staff had a good knowledge of the people they supported and spoke about them respectfully.

People and their family members told us that they had the opportunity to express their views and be involved in the care that was being provided. One person told us that their wish to be supported only by female members of staff had been respected. In another example a family member informed us that staff took into account their advice on the best ways to approach and engage with their relative to minimise the potential for distress.

There was a positive atmosphere amongst the staff team. We observed staff chatting to one another in a kind and supportive manner, and they told us that they felt morale was high within the team. Staff spoke about the emotional challenges involved in supporting people who were at the end of their lives. They commented that the registered manager and registered provider both offered support to them following the death of someone using the service. This helped to promote a positive and inclusive culture within the organisation. This had resulted in their being good staff retention within the service which helped promote good continuity of care for people using the service.

At the time of the inspection there was no one who required the use of the local advocacy service. However,

the registered manager demonstrated a good understanding of how and when to access the support of an advocate. An advocate acts as an independent source of support where people need to make decisions about their care needs. This helps ensure that people's wishes and feelings are taken into consideration.

People's confidentiality was protected Personal information that was stored in the office was stored securely in locked cabinets. Information was also backed up online to ensure that information about people would not be lost in the event of an emergency. Computers which held confidential information were password protected to ensure that only authorised individuals could access these.

Good

Is the service responsive?

Our findings

People told us that staff provided the care and support that was appropriate to meet their needs. One person's family member told us that staff did a good job of ensuring their relative was made, "Clean, tidy and smart". Whilst another person told us staff respectfully encouraged them to do things for themselves, which promoted their independence.

At the last inspection we identified that contemporaneous records were not being held regarding people's needs. At this inspection we found action had been taken to address this.

The registered manager carried out initial assessments with people prior to them starting with the service. This included looking at their current needs, and ensuring that these could be met. The registered manager accessed information from other professionals to help inform decisions around whether people's needs could be met. For example, the registered provider supported people with discharging back to their own homes from the local hospice. As part of this process the registered manager would visit people within the hospice prior to discharge, to access information and discuss people's needs with health professionals prior to offering support.

Each person had a personalised care record in place which outlined their needs and how staff should act to meet these. For example, one person's care plan outlined what staff needed to do to support them with their continence needs. In other examples where people required equipment to help with their mobility, this information was available to staff. This helped ensure that staff knew how to meet people's needs. We spoke with staff who demonstrated a good knowledge of the people they supported.

People's care records contained details about their likes and dislikes. For example, one person's care plan included details of the time they liked to change into their night clothes, whilst another contained details of their preferred food choices. Other care records contained details of their family members and other important people in their lives. This helped staff get to know people, and supported the development of positive relationships.

Information within people's care records was reviewed on a routine basis to ensure it stayed up-to-date and accurate. This helped ensure that staff had access to relevant information regarding people's needs.

There was no one currently using the service who was receiving support with both personal care and social support. However people commented that staff made them laugh, and one person's family member told us staff sang songs with them whilst they supported them. This showed a good level of social engagement by staff, which contributed to protecting people from social isolation.

The service provided end of life support to people, and helped to facilitate discharge from the local hospice. Staff worked alongside trained health professionals in the community to try and keep people in their own home where possible. Staff had received training in end of life support which helped give them some insight into the process people were going through. A number of 'thank you' cards had been sent from family

members of people who had used the service, outlining their gratitude for the support that had been given at the end stages of their relative's life.

A complaints process was in place which had been made available to people using the service. The service had only received one formal complaint over the past 12 months. The registered manager had responded in a timely manner to the concerns by investigating and taking appropriate action to address the issues. Other people we spoke with told us that they did not have any complaints, but would raise concerns if they felt they needed to.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who had been registered with the CQC since July 2011. People and their relatives knew who the registered manager was and spoke positively about her. Staff also spoke positively about the registered manager and told us they felt able to approach her for support.

At the last inspection in June 2016 we identified that issues relating to the efficacy of the registered provider's auditing processes. At this inspection we found that whilst improvements had been made in some areas, there were others that required improvement.

During the inspection we identified issues relating to the safe recruitment of staff. This had not been identified as an issue by the registered provider despite a recommendation around this having been made at the last inspection in June 2016. This showed that sufficient learning had not taken place to ensure that safe recruitment practices were embedded in the registered provider's practice.

The registered provider had a number of other quality monitoring checks in place to monitor the service; for example spot checks on staff and care plan audits. These helped to ensure that staff were working to a good standard, and that information within care records was accurate. Whilst we saw that these were being completed, archived material was stored in a haphazard manner. This meant that accessing information from previous reviews was difficult. Whilst this had not had an impact, there was potential for this to impact on the effective identification of patterns and trends. We raised this with the registered provider so that they could take action to address this.

Team meetings were held with staff and minutes of these meetings were recorded. This provided the registered manager with an opportunity to update staff on any important information. For example during the meeting in August 2017 staff were reminded of the lone working policy to ensure their safety. Team meetings were also used to communicate any issues relating to performance, for instance the use of mobile phones whilst on duty. Staff had also been given a form to sign to show they had read and understood the registered provider's policy on the use of mobile phones. This helped ensure staff were kept up to date on important information.

The registered provider had a clear set of visions and values in place. They had a strict policy in place which meant that the last call staff would be expected to complete would be at 9pm. The registered provider explained that this was so that staff were not working out in the community too late, particularly in the winter where some of the road may be more dangerous. The registered provider also ensured that they did not take on more care packages than they could accommodate. This helped to ensure that staff were not over stretched and had the time they needed to travel to people, and could spend the required amount of time with them.

An annual survey had been sent out to people and their family members in May 2017 to ascertain their views of the service. Fifteen questionnaires had been returned to the service. These all showed that people had commented positively on the service, and no one had raised any areas of dissatisfaction.

Relatives of those people who had used Jane Care had completed reviews on a well-known website which provides a review of the service being provided, based on people's feedback. People's comments referred to the service as "reliable" and "helpful" and referred to staff as "cheerful" and "sympathetic". One family member stated that the service had helped to guide them through the caring process. This showed that the values promoted by the registered provider had been embedded within the service.

The registered provider and staff contributed to the local community. At the time of the inspection staff were in the process of collecting toys for a local school, so that these could be donated to families that were struggling to buy gifts.

The registered provider is required by law to notify the CQC of specific events that have occurred within the service. Prior to the inspection taking place we reviewed those notifications that had been submitted to us, and found that this had been done as required. This showed the registered provider was meeting their lawful obligations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Recruitment processes were not robust enough to ensure the safe recruitment of suitable staff.