

JLKare and Support Limited

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Inspection report

Unit 7 & 8
West Cross Shopping Centre, Oldbury Road
Smethwick
West Midlands
B66 1JG

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Tel: 07803547117
Website: www.jlkare.co.uk

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?	Outstanding ☆

Summary of findings

Overall summary

About the service

JLKare and support Limited is registered to provide personal care to people in their own homes within a supported living setting. On the day of the inspection 16 people were being supported. Of these 10 people received personal care in their own homes and six people with learning disabilities received personal care in a supported living environment.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People's safety was integral to the support they received and care staff were trained to keep them safe.

Recruitment processes were in place and training was provided before care staff could administer medicines. Systems were in place to ensure there were sufficient care staff and risks to people were identified and managed. The provider ensured they had clear infection control procedures.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care staff were supported to meet people's needs and had the skills and knowledge to do so. People were supported with their dietary needs and relatives told us they could rest easy knowing care staff were monitoring people's health as part of the support people received.

People and relatives told us the care staff were compassionate, caring and kind. People's privacy, dignity and independence was integral to how people were supported.

The services offered were responsive to people's needs. Professionals told us they could always rely on the service to respond to people's needs. People were communicated with in ways they would understand. Assessments and support plans were clear and concise. Reviews took place regularly so any changes to people's needs could be responded to quickly.

Everyone we spoke with told us the service was better than well led. One person said, "There are not any words to explain how my life as changed because of this service". We found spot checks and audits were carried out to ensure quality of the support people received. The provider used a range of methods to ensure engaged with people was successful.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service consistently applied the principles and values of Registering the Right Support and other best

practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection

The last rating for this service was Good (Report published 25 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

JLKare and Support Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home and in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 23 December 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service since the last inspection. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We sought feedback from the local authority and used all this information to plan our inspection.

During the inspection

During the inspection we spoke with three people, three relatives, four care staff, two directors, the care manager, the registered manager who was also a director and the nominated individual and two professionals. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, this included the records for four people being supported and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other documentations the provider sent us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe because they were supported by care staff they could trust. People, relatives and care staff were involved in care planning to help maximise people's independence. A person said, "I feel safe with all the staff because they all know what I want". A relative told us, "I am one hundred percent happy. Staff keep my relative safe and gives me confidence not to worry"
- The provider had clear systems and processes to enable care staff to keep people safe consistently. Care staff knew how to keep people safe and what action to take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risk assessments centred around what people wanted. Care staff had access to risk assessments and knew how to mitigate risks to people. Care staff we spoke with understood the risks to people they supported and could demonstrate through their responses that risks were managed.
- Where people had specific health conditions like diabetes or epilepsy we found clear processes in place to guide staff as to how to support people consistently.

Staffing and recruitment

- There were sufficient care staff to support people safely. People told us care staff were on time and their calls were never late or missed. Relatives we spoke with confirmed this.
- The registered manager told us they used a call monitoring system to monitor the time care staff arrived and left so people received the service they expected.
- Recruitment checks on all staff were carried out to ensure they were suitable to work with people. A member of the care staff said, "I completed checks before I could start working on my own".

Using medicines safely

- People told us they received their medicines how they wanted. A relative said, "I have no concerns with how staff administer my relatives' medicines".
- The registered manager told us all care staff received medicines training and three positive observations of practice before they could administer medicines. Care staff we spoke with confirmed this.
- Where people were supported with medicines 'as and when required', there was clear guidance in place to ensure these medicines was administered consistently.

Preventing and controlling infection

- People and relatives told us all care staff wore uniforms and used Personal Protective Equipment (PPE) when supporting people with personal care. Care staff confirmed they had access to PPE and sanitising gel. They also told us they received training in infection control, so they could work in a way that protected

people from the risk of infection.

Learning lessons when things go wrong

- The registered manager demonstrated their systems and processes to ensure lessons were learnt where things went wrong to improve the service people received.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-assessments were carried out to identify people's support needs before the service could be commenced. This meant the provider could ensure they could support people how they wanted. A person said, "An assessment was completed before care staff started and I have a copy".
- People's preferences were identified through the assessment process. The Equality Act 2010 was considered and people's support reflected this. People's religious, cultural, sexuality and other characteristics of the law was assessed.
- A person said, "Care staff spend one day a week supporting me to cook culturally sensitive meals". A relative told us how the provider took time to understand the specific equality needs of their relative and ensured care staff had specific training, so they had the skills and knowledge to support their relative how they wanted.

Staff support: induction, training, skills and experience

- A relative said, "The staff are trained very well because they know exactly how to support my relative". We found care staff went through an intensive induction and training process which included the values within the Care Certificate, shadowing more experienced staff, checking staff knowledge and understanding and completing a range of training sessions. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- The training all care staff completed was monitored to ensure their skills and knowledge were kept up to date. Care staff told us the training they received gave them the skills and knowledge needed. For example, falls prevention, dementia awareness, manual handling and health and safety were just some of the training available.
- A relative said, "I was involved in training the staff that go into my relative to ensure they knew how to support them as the support needed to be tailored to their specific needs and health condition". Another relative said, "I was able to attend dementia awareness training with the staff that support my relative".
- We found the training care staff received was flexible and delivered in a way to ensure people's specific support needs could be met. For example, diabetes, epilepsy and distressed behaviour. This ensured care staff would know how to support people.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported by care staff to eat and drink what they wanted. A person said, "Staff support me to cook meals I like".
- Care staff supported people to access health care provision where needed. For example, people were

supported to health appointments and where needed relatives were regularly kept informed where people were not well or needed hospitalisation.

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

- The registered manager was able to demonstrate they were aware and understood the principles and values around registering the right support. They explained how they supported people to make their own decisions as to how they lived their lives and people were encouraged to live as full a life as possible. A person said, "I make all my own decisions and staff help me".
- The registered manager and a director of the service explained how they worked with other agencies to ensure people received the support they needed and wanted.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- We found where people lacked capacity and their liberty was being deprived the appropriate legal authority was in place with systems to ensure this was reviewed in line with the law.
- Care staff told us they had received the appropriate training and could demonstrate their understanding of the MCA and why some people they supported were being deprived of their liberty.
- A person said, "Staff always check everything with me before they do anything". Relatives we spoke with confirmed people's consent was sought.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and the relatives we spoke with all told us that care staff were kind, caring and went out their way to support them. Some people received support 24 hours per day, so they could continue to be supported at home. Relatives told us how they would not have been able to cope without the support from the care staff. A relative said, "Staff are very compassionate and care provided is unbelievable. Staff go over and above what is expected of them. If I was ill I would want staff like this to support me". We found for example, the provider or care staff would go out in the night to support people if they were unwell or at times of crisis. This was not part of the support plan, but the service wanted to ensure people could rely on them. Relatives told us care staff would do anything to ensure people were looked after.
- Relatives told us how their relative's lives were more fulfilled with the support from care staff. Care staff would visit people in their own time and do their hair when people were not well and stay with them, so they could attend events.
- Care staff supported people to live fulfilling lives. One person said, "The staff ensure my equality is met and the provider send staff to support me who understand my culture and diversity". Another person said, "Before this service started I never left my home, since the staff supported me I now leave my home, I have a job and I am in a relationship".
- The registered manager promoted an open, flexible and honest culture within the service. The registered manager and directors supported people where care staff needed support, to ensure people received the service they expected.
- People had contact details for directors who would regular support people at times of crisis.
- Care staff told us how they would check what people may want while they were out shopping for themselves. This showed care staff would do more than was expected to them to ensure people were okay.
- Care staff showed their passion for supporting people and knew people well, like they were part of the family. On one occasion a relative asked for the care staff that supported their mother to take part in her funeral. This showed the feeling and sentiment the relative had for the care staff. We found care staff would bring people to the office on a daily or weekly basis as part of supporting them to build up their confidence.

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

- We found care staff had developed their own ways of communicating with people as part of getting to know them over time. A relative said, "My relative cannot communicate traditionally but they have capacity. The staff take time to explain what they are doing and they have learnt over a time what my relative's gestures mean, so they can tell whether consent is given and whether they are happy or sad".
- Where an advocate was needed this would be supplied through the local authority advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Care staff showed an understanding of how the importance of people's dignity, privacy and independence being respected. Since the last inspection the provider had decided to train care staff as dignity champions within the service. This meant that people's dignity would be promoted in a consistent way. A person said, "My dignity is always respected. Staff always make sure I am covered and the curtains drawn". Another person said, "Staff supported me to live on my own and gain independence. Now after four months I have all the skills I need to live on my own".
- We found this to be an important part of the culture of the service and was embedded into the training care staff received.
- A relative said, "All the staff who support my relative always promote their privacy and encourage them to do as much as they can for themselves. I cannot fault them".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The support people received was person centred and records showed people were involved in developing their care plans.
- Care records showed people's preferences, likes and dislikes. Care staff we spoke with understood what people's preferences were and could explain how people were supported.
- Reviews took place to ensure any changes to the support people received could be actioned.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood this legislation and showed us how people's communication needs were met as a result of this.
- Communication with people was dependent on their personal requirements and where people were autistic for example, picture formats were used alongside other communication methods like easy read and sign language, which care staff were given training to use.

Improving care quality in response to complaints or concerns

- People told us they had not made any complaints but would raise any concerns they had with the registered manager. The registered manager told us they had a complaints process in place and explained what actions they would take. We saw a complaint they had dealt with and found this was investigated appropriately and information and outcomes all logged.

End of life care and support

- The provider gathered information on people's preferences as part of how they wanted to be supported.
- Care staff had training in end of life support, so they would have the necessary skills and knowledge to support people.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider went to exceptional lengths to engage with people using the service. They used questionnaires, coffee mornings, newsletters and organised events throughout the year to ensure people were being listened to and supported well.
- People were welcomed into the office whenever they needed any support or at times of crisis within their lives. This gave people the opportunity to share their views on the service they received through a range of different methods and in so doing so the provider ensured people could share their views using the methods they felt most comfortable with. This enabled the provider to gather information on what was good about the service and what needed to be improved.

Working in partnership with others

- The provider worked in partnership with local authorities, housing, community nurses, doctors, Macmillan's cancer support and other groups as part of ensuring the right support for people. A professional we spoke with told us the provider was the 'best provider' they had ever worked with. They said they always gave 'one hundred percent' and would always do more than was required to ensure people were extremely well supported. They were always going 'over and above' what was expected of them and this clearly benefitted people. For example, for some people who were at risk of losing their home, the provider had supported them with housing providers to secure people's tenancies. This meant people had somewhere to live and their support could continue.
- The provider built up links within the community with other businesses to promote the needs of people at events they organised. For example, working with employers to support people into employment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The office was registered as a 'Safe Place' with the local authority so when vulnerable people within the community who were not in receipt of services saw the sign in the window they could come into the office as a place of comfort, guidance, cup of tea and a hug or just whatever they needed support with.
- People told us consistently how unique and special the service was and felt that the management and care staff had 'changed their lives'. For example, supporting people to develop their personal skills and to live independently.
- Relatives we spoke with 'sung the praises' of care staff and management. We were given many examples from people, relatives and professionals the provider worked with, which evidenced how inclusive, open,

trustworthy and fantastic the service was.

- Staff at all levels showed a true commitment to people's care and welfare. For example, one of the director's supported a person financially to enable them to manage over the Christmas period because the person was in need. We were given other examples where the service paid people's rent, where they were unable to, so they would not lose their home and assisted them further with managing other social needs.
- The registered manager and directors knew everyone who used the service well and on many occasions had gone out to support people in crisis, day or night. One relative said, "The management and staff are like gold". The registered manager told us their priority was the positive outcomes for people they supported. The passionate ethos of the management team was reflected clearly in the approach of the staff team and their commitment to the people they supported.
- People felt empowered and supported by the actions of the service in many ways. A relative said, "The service offers 24-hour support to my relative, so they can live in their own flat rather than end up in a care home. I am so grateful to JLKare".
- The registered manager's recruitment and training process was one which had very high expectations of care staff. Where care staff could not meet this expectation, they were not employed. The service only supported people where they had the permanent staff to do so, and did not use agency staff who would not give them the consistency and high quality from staff they sought.
- The provider had developed both an 'Employee of the Year' and 'Employee of the Month' schemes to recognise care staff who were exceptional in how they worked and supported people. Nominations were provided from people, relatives and staff. We spoke with a care staff member who had been recognised with the honour in 2019 and they told us, "I love my job, I will help anyone who needs help anytime of the day and I feel really honoured to have got the award. This employer is really good, I have not worked for a better employer".
- The management team were flexible in the support they offered their staff to show their appreciation. For example, where care staff had child care concerns, managers would support people themselves to ensure the service people received was not affected, and their staff could be with their children when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure which enabled people, relatives and care staff to know who to contact and the roles and responsibilities of individuals within the office. The provider was clear about their roles and responsibility in ensuring the quality of service people received. Spot checks and audits were undertaken as part of the provider ensuring care staff supported people as they wanted and the quality of the service was maintained. We saw examples of where spot checks were carried out late at night where people were supported in a 24-hour service. Care staff confirmed these checks happened and were unannounced. We saw evidence where a care staff was found to be lacking in aspects of their role as a result of a spot check, which resulted in the provider taking action.
- The registered manager knew their legal responsibility to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.
- Care staff told us they were aware of the provider's whistle blowing policy and its purpose. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found the rating was displayed. This meant people, relatives and visitors were kept informed of the rating we had given.

Continuous learning and improving care

- Systems were in place to promote a culture of continuous learning. Staff were encouraged through supervisions and appraisals to develop their learning. Care staff we spoke with confirmed this and we saw evidence of this culture. For example, training was monitored to ensure care staff completed training

regularly and refreshed their knowledge annually so there was continuous learning.

- Where there was poor practice identified, the learning was used to improve the service. Team meeting notes showed the discussions took place, and new procedures developed, to ensure the poor practise was reduced or stopped. For example, where staff were found to be sleeping on a 'waking' night shift.
- A relative said, "Where things were not right the provider took immediate action to ensure the situation did not happen again and the service learnt from the improvements made".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated their understanding and obligations under this legislation and we found where they needed to keep people informed as part of this, it was done. We found a recent investigation was handled appropriately and the person and their relatives involved were kept informed at each stage. Relatives told us the communication with the provider was excellent and they were always kept up to date.