

Jubilee Citizens UK

Jubilee Citizens UK

Inspection report

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Date of inspection visit: 12 January 2015
Date of publication: 09/03/2015

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



Overall summary

We undertook an announced inspection of Jubilee Citizens UK Domiciliary Care Agency (DCA) on 12 January 2015. We told the provider two days before our visit that we would be inspecting them. We did this because we needed to make sure that one of the management team would be at their office during our inspection.

Jubilee Citizens UK is linked to another organisation and is located in the same building. They share a management team. Some roles such as the recruitment of staff are undertaken by the other organisation's human resources department for Jubilee Citizens UK. Jubilee

Citizens UK provides personal care services to people in their own homes. At the time of our inspection six people were receiving a personal care service. The provider also offers other services to people such as support with shopping or household tasks that we do not regulate.

Jubilee Citizens UK registered with us in September 2013 to provide personal care and this was their first inspection.

Summary of findings

There were systems in place to protect people from the risk of harm. We saw most people's risk assessments were not robust and had either never been completed or had not been updated to reflect changes.

We saw that the provider had a medication policy in place and staff were trained to support people with their medication. However, at the time of our inspection we were told that no one was having their medicines administered to them by staff.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure the rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Court of Protection for authority to deprive someone of their liberty. Although staff we spoke with did not have a comprehensive understanding of the MCA or DoLS they could tell us about the need to protect people's human rights and were able to give us examples of how they would do this.

Care plans were in place for people, however we found that these were not detailed. Although they gave an outline of the tasks staff needed to undertake they were not robust. They did not describe how tasks should be completed or the level of support people required.

The provider worked with another organisation to recruit new staff and carry out necessary pre-employment checks. Staff received an induction and on-going training and some supervision.

At the time of this inspection there was no registered manager in post. 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 and associated Regulations about how the service is run. We had been informed that the registered manager had left their post in December 2014. A new manager had been recruited in November 2014.

Staff told us that they had not always felt well led but always felt supported by their peers. All of the staff spoken with told us that they felt the acting manager was accessible by telephone and approachable.

We found that some systems were in place to monitor and improve the quality of service people received. However, we found that overall these were either not effective or had not been used.

Summary of findings

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 not consistently safe.

Some risks to people were identified but we found that assessments were not robust.

People said they felt they received a safe service. We saw that procedures were in place to keep people safe from the risk of abuse. Staff understood their responsibilities in protecting people from abuse and knew how to raise concerns if needed.

There were sufficient numbers of staff that had been safely recruited to undertake the visits to people to provide care and support to them.

Requires Improvement



Is the service effective?

The service was effective.

People felt that staff had the skills and knowledge to meet their needs.

Staff received an induction and training and were aware of their role in protecting people's rights which was in line with the requirements of the Mental Capacity Act 2005.

Staff supported people to eat and drink according to their needs.

Good



Is the service caring?

The service was caring.

People who used the service told us that staff were kind, caring and polite to them.

People and their relatives were involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

Staff were knowledgeable about people and their preferences in order that a personalised service was provided.

People and their relatives who used the service told us they felt staff listened to them and would respond to any concern they raised.

Good



Is the service well-led?

The service was not always well led.

Staff felt well supported by their peers but not always by management.

Some systems were in place to monitor the quality of the service delivered but overall these were either not effective or had not been used.

Requires Improvement



Jubilee Citizens UK

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 took place on 12 January 2015 and was announced. We told the provider two days before our visit that we would be inspecting them. We did this to make sure a member of their management team would be available to meet with us on the day of our inspection. One inspector undertook the inspection.

Before the inspection we reviewed all of the information we held about the service. This included statutory notifications received from the provider. The provider is legally required

to send us notifications about specific incidents such as serious injuries, deaths and safeguarding in respect of the people they support. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was not returned to us.

During our inspection we went to the provider's office location and spoke with three care staff, an office staff member and the director of operations. We reviewed the care records of four people that used the service, reviewed the records of four staff and records relating to the management of the service. We also spoke with one member of staff from another organisation that worked with the provider. We spoke with one other member of care staff and spoke with the acting manager who was not able to meet with us on the day we spent at their office. We also spoke with four people and their relatives.

Is the service safe?

Our findings

All of the people and their relatives spoken with told us that they felt safe with Jubilee Citizens UK staff being in their home and providing care and support services to them. One person told us, “I feel safe with the care staff coming into my house. They are very good. I have no concerns at all with them being in my home.” One relative told us, “The staff visit my family member and I feel completely satisfied that they are safe with them.” This showed us that people and their relatives felt they were safe from the risk of abuse or harm when staff visited to provide care for people.

All of the staff we spoke with told us and training records confirmed that they had received training in safeguarding people from the risk of abuse. Some staff had attended the Birmingham Multi-agency hub road-show about safeguarding to refresh their knowledge on their roles in protecting people from the risk of abuse. Staff told us that they could look at the provider’s safeguarding policy in the office or electronically on the provider’s staff intranet. The director of operations also told us that they planned to send staff a computer disc during 2015 containing copies of their reviewed policies and procedures on it so that staff could refer to their policy if needed. All of the staff spoken with were able to tell us how they would recognise signs of abuse and the action that they would take if they had any such concerns. One staff member told us, “I would report it immediately to the acting manager. If I needed to I would go higher to the director of operations.” Staff were able to tell us how they would whistle-blow to the Local Authority or Care Quality Commission if their concerns were not listened to or acted upon by the provider. This meant that suitable arrangements were in place to protect people from the risk of abuse and staff had received the training they needed so that they know how to keep people safe.

One safeguarding concern was raised with us by the provider since their registration with us. We found that appropriate action had been taken and that the provider was liaising with appropriate investigating bodies.

None of the people or their relatives could recall having been asked about or involved in identifying individual risks. Staff spoken with told us how they protected people that they supported from the risk of injury. Staff told us that they knew how to do this from their experience of working with people that they supported and not from people’s written risk assessments in their care record. One staff member

told us, “People do have care plans in their homes and they have a risk assessment form but they are not detailed and are out of date.” Another staff member told us, “I did tell the old manager about the change in [Person’s name] but their care plan and risk assessment has not been updated yet.” In the care plans we looked at we saw that some risks to people’s health and wellbeing had been assessed. However, assessments lacked detail and did not describe how staff should minimise the identified risk. This meant that staff did not have the written information they needed to keep people safe from the risk of harm or injury because assessments were either not robust or not updated as needed. Where visits might be made by new staff or staff covering the visit this meant that information that they needed to keep people safe was not available to them, such as safely supporting people with their mobility.

All of the staff spoken with told us that they would telephone the office to report any accident or incident that occurred. The process staff described to us was in line with the provider’s policy. We were told that there were no reported accidents or incidents during 2014 to the date of our inspection. This meant that the reporting system was in place if needed and staff were aware of it.

We asked staff members about what first aid action they would take in emergency situations, such as a person having a fall in their home or having a suspected stroke. Three of the four staff told us that they had completed first aid training. All of the staff were able to tell us the first aid response to scenarios we asked them about. One staff member told us that, “I would call 999 if I needed to. I would also phone the office to tell them what had happened.” Staff told us about the action they would take if they arrived at a person’s home but found that the person did not answer the door to them. One staff member told us, “We never just leave a house if someone does not answer the door. We don’t assume they have gone out but we check. It could be that they have been taken ill or had a fall and can’t get to the door.” We looked at one record that showed us that staff had followed the provider’s policy when they found no response from the person at their property. This meant that staff had the knowledge and skills to deal with emergency situations that may occur from time to time so that people should receive safe and appropriate responses in emergency situations.

All of the people and their relatives spoken with told us that they felt that number of carers that attended on each visit

Is the service safe?

was adequate and met their needs. Although care records sampled showed us that there was no record of any assessment by the provider of the number of staff required to undertake people's visits so that their needs could be safely met, staff told us that they felt the acting manager would listen to any concerns raised to them. One staff member told us that, "If I felt that one staff member was not enough to safely meet people's needs they I would phone the acting manager and tell them." This meant that sufficient numbers of staff were allocated to people's visits.

All of the people and their relatives spoken with told us that staff always undertook visits to them as agreed and had not experienced any missed calls. One person told us, "I've never had any missed calls." Staff told us that if they were running late they would telephone people to let them know. One person told us, "The carer is usually on time. They phone if they are going to be late." This showed that people received the support that they required at the agreed times.

The provider used another organisation to recruit new staff and carry out necessary pre-employment checks. Staff spoken with confirmed that they had been interviewed and provided details so that, for example, the provider could take up references. We saw that all the required checks had been undertaken for all three staff files we looked at. The Disclosure and Barring Service is a national agency that keeps records of criminal convictions. Although records showed us that Disclosure and Barring Service (DBS) checks had been requested we saw that details of the

check were not always recorded as required. For example, we found that for two staff records the outcome of the check was not recorded by the provider. We spoke with the director of operations about this. They confirmed to us that the checks had been completed and would have been looked at but they agreed that an effective process of recording the outcome of the checks was needed so that it could be evidenced that suitable staff were recruited.

All of the staff spoken with told us, and training records confirmed that they had completed an induction and training suitable to their role. This showed that the provider had a safe system in place to recruit new staff and skill them for their job role.

At the time of our inspection we were told by people that they were not having their medicines administered to them by staff. Two people that we spoke with told us that they managed their own medication. One relative told us, "Staff were administering a short course of prescribed tablets to my family member but these have been completed now."

We saw that the provider had a medication policy in place and staff were trained to support people with their medication. One staff member told us, "Sometimes we might prompt people to remind them about their medication or if they have eye drops for example they might need some help." This showed us that the agency had arrangements in place to support people with their medicines if identified as a support need.

Is the service effective?

Our findings

People told us that they felt that staff had the skills they needed to provide care and support for them. One person told us, “They look after me.” One person’s relative told us, “Staff have been very effective in gently encouraging and supporting my family member with personal care. I am happy with the support from them.”

All staff told us that they had received an induction and some training when they commenced their employment with the provider. Staff told us that overall they felt that they had the basic skills and knowledge needed for their job role. However, they all told us that they had identified to the previous registered manager additional training that would help them develop further skills that would be useful to them in supporting people. We spoke with the director of operations about staff skills and knowledge and further development based on best practice. They told us that the new acting manager was in the process of completing one to one supervisions with all of the staff and that this would identify any further training needs. Two staff, and supervision records, confirmed to us that one to one supervision with the acting manager had begun and training updates and development were planned for. This meant that plans were in place for staff skills to be updated and developmental opportunities offered.

Staff could not recall having had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and most were unable to tell us about this law. However, they were able to give examples to us of how they would protect people’s rights. One staff member told us, “Once I felt that a person may have been pushed into making a bad decision by a door to door salesperson. I did not think that they really understood what they’d been told or had the ability to make the decision. I was a bit concerned so I told my manager and they looked into it.” Another staff member

told us, “If a person was not taking their medication and they did not really understand what it was for, I’d tell my manager as the person might actually need their medication and because of their dementia they might not be able to make a proper decision.” All of the staff told us that they verbally sought consent from people whenever they supported them with personal care which showed they acted in accordance with people’s wishes.

Some people that received services from the provider had their meals and drinks prepared for them by staff. One person told us, “The staff get my breakfast for me. They get me what I like.” All staff spoken with confirmed to us that where people did not live with relatives they ensured people had access to food and drink when they left them. One person told us, “My carer phones me sometimes when they are on their way and asks me if I need anything from the shop.” One staff member told us, “[Person’s name] needs have changed and they can’t get to their kitchen anymore. So, I make up a sealed box of sandwiches for them and flasks of hot drinks.” Another staff member told us, “Whenever the weather is bad, I always put a loaf of bread in my car and some long life milk. This is just in case people have run out and can’t get to the shops.” This showed that staff was effective in ensuring people had access to food and drink.

We were told by most people and their relatives that their health care appointments and health care needs were co-ordinated by themselves or a family member. Staff told us that there were a few people that found it hard to access such appointments. One staff member told us, “People can purchase some extra time from the agency and we can support them to go to their healthcare appointment.” This meant that further support and hours could be offered to people at an agreed cost if they required extra support and wished to purchase this from the agency.

Is the service caring?

Our findings

All of the people and their relatives spoken with told us that they felt the staff were caring toward them and / or their family member. One person told us, “The staff are kind to me. When they leave they always make sure I’ve got my personal alarm pendant on in case I need help.” Another person told us, “I’m happy with them. They are on time, they are kind and I have no concerns at all.”

People and their relatives told us that they felt involved in the care and support package provided to them by the agency. We saw that people and / or their relative had signed their care plan in agreement with the contracted services purchased. We saw that some telephone reviews had taken place to ask people if they were satisfied with the agreed package of support. Comments included, “The carer is brilliant,” “I am happy with the service,” and “My carer is flexible to my needs.” This showed that people’s views were sought and they were involved in arranging the package of care they wanted to meet their needs.

Staff demonstrated to us that they had positive caring relationships with people that they supported. One staff member told us, “If a person needed something, I’d try to help them even if this was not part of our usual tasks. For example if they had run out of something, I’d offer to get it and bring it to them on my next visit to them. This showed that staff were caring toward people and were not task orientated.

People told us that they felt staff respected their dignity. One person told us, “The staff always respect my dignity.” All of the staff spoken with were able to tell us how they maintained people’s dignity. One staff member told us, “One person that I visit likes me to stand outside of the bathroom and hand them the items that they need. This gives them security that I am there if needed but equally does not take away their privacy and dignity.” This meant that staff promoted people’s privacy and dignity whenever supporting them.

Is the service responsive?

Our findings

All of the people or their relatives spoken with told us that staff responded to and met their individual needs. Staff demonstrated to us that they were knowledgeable about the people that they supported. One staff member told us, “I’ve worked for the agency for several years. Generally we keep the same visits to people each week and that means we spend time getting to know each other. That really helps us know how each person likes things to be done and that’s the way that we do things for them.” This showed us that the agency offered people a continuity of care from the same staff members. We found that staff knew people’s needs so that personalised care and support was given.

We looked at four people’s care records and saw that people had been involved in agreeing to the package of care. For example, agreed times of visits. However, we saw that people had not been given the opportunity to give information about their likes and dislikes or their lives in order that their care plan could be personalised. This meant that new staff or staff members covering a visit did not have any detailed information available to them about a person’s preferences that they had wished to share in their care plan. However, staff we spoke with told us that they would verbally share information so that personalised care could be maintained in their absence, such as when they took holiday leave.

Staff told us that if people or their relatives asked for a change to be made to their agreed visit times this could generally be accommodated. One relative told us, “My family member sometimes needs extra hours to those

agreed. The agency have always been able to meet these needs such as night sits from a staff member. I am happy with how responsive they are and the carers.” This meant that visits took place at agreed times and if changes were required these were responded to and accommodated whenever possible.

All of the people or their relatives spoken with told us that they felt they could raise any concern or complaint to the staff member that visited them. One person told us, “If something was wrong I would tell the carer.” One relative told us, “I have no complaints but if I did I would phone the agency office. I’ve got their contact number.” All of the staff that we spoke with told us that if a person raised a concern with them or wanted to make a complaint they would facilitate this being done. One staff member told us, “If it was something I could sort out myself, I would just do it. If it was something the manager needed to sort out then I would phone them and report the concern raised. If nothing was done about it, I’d chase it up for the person.”

People and their relatives told us that they had information about how to complain if they needed to. Staff told us that they could look at the provider’s complaints policy on their intranet if they needed to. A staff member told us that no complaints had been received about the services provided by Jubilee Citizens UK since their registration with us to provide personal care. We saw that telephone reviews had taken place with some people to gain their feedback and the comments received were positive. This meant that feedback was sought and systems were in place to handle any concerns or complaints made to ensure that they were dealt with and resolved in a timely way.

Is the service well-led?

Our findings

Staff told us that they had not always felt supported or guided in their work under the previous registered manager. One staff member told us, “I have not always felt listened to.” All of the staff spoken with felt well supported by their peers but overall not by the management. Staff told us about recent changes to the management team and all of the staff felt positive about the new acting manager.

We asked staff if they received spot check visits from their line manager and was told that they had never had a spot check visit. Spot checks visits enable the provider to check the quality of the services provided. One staff member told us, “We didn’t really see the previous manager much. We’d phone the office if we had any problems but otherwise we just got on with things.” Another staff member told us, “We’ve never had staff meetings so there is not much communication at all really.” Staff told us and records confirmed that the acting manager had started to carry out one to one supervision meetings. This showed us that staff had not felt well led but plans were now in place to support staff and provide leadership to them from the recently appointed acting manager.

We discussed how communication took place with staff members with the director of operations. They showed us a monthly newsletter that was sent to staff as well as people that used the service. Staff update information was included within the newsletter, for example, attendance on recent training sessions. The director of operations told us that they were discussing with the acting manager how staff meetings could effectively take place and hoped these could be implemented during 2015 to promote opportunities for open communication.

We saw that the newsletter also provided people that used the service with detailed information about topics and events that they could attend in their local community. This showed us that the provider informed people about local community activities they could access or other services they may require, such as legal advice.

The provider had ensured that information that they were legally obliged to tell us, and other external organisations, such as the Local Authority, about were sent. This meant they were aware of and fulfilled their legal responsibilities.

Although we had received one spread-sheet of information from the previous registered manager, following our Provider Information Return (PIR) request, the PIR document was not completed and returned to us. We discussed this with the acting manager prior to our visit to their office. They told us that they had not handled the request from us and had only recently been appointed. The director of operations was unable to locate any information that the previous registered manager had collated. This meant that information was not provided to us as requested.

We saw that objectives had been set between the director of operations and the acting manager. We saw that these included some of the shortfalls that had been identified by the provider relating to previous management. For example, the director of operations told us that the acting manager would complete a staff training needs analysis. This meant that the provider had identified where actions were needed and plans were in place for improvement to be made.

Although none of the people or their relatives was able to tell us who the acting manager was, they felt they could phone the agency office if needed. The acting manager told us that they were in the process of getting to know people and the staff team. Staff told us that they had either met or spoken with them. One staff member told us, “I think the new manager seems approachable.”

We saw that there were some quality assurance systems in place such as feedback surveys but saw that these had not been sent to people that received personal care services. We discussed this with an agency office staff member and they told us, “The previous manager told me only to send the feedback surveys to people that received other services from us, such as help with housework rather than personal care.” They showed us a statistical analysis of the 2014 results of that survey but there was no action plan. We asked why people and / or their relatives that received regulated personal care services had not been included. We were told, “The previous manager said those people might be poorly or not able to complete the survey.” This meant that people and / or their relatives that received personal care services from the agency were not given the opportunity to give feedback through the survey on the

Is the service well-led?

care and support that they received. This meant that the system in place was not used effectively and opportunities were missed to seek feedback from people so that improvement to their services could be made if needed.

Of the four sets of care records looked at, we saw that only one had daily log notes made by staff whenever they visited people. We spoke with staff about this and they told us that most people had a visit log for daily notes in their home but they were not always brought to the office. One staff member told us, “One person I visit has a big stack of completed ones in their home. The previous manager has never asked for them or been to look at them.” This meant that the process in place for transferring people’s care records was not robust.

The director of operations told us that staff were expected to bring completed log books to the office and collect replacement new ones as needed or request these were posted to them. However, staff told us that they did not often visit the office and the system was not working. One

staff member told us, “I use my personal equipment to print off log sheets for people.” We discussed this with the director of operations who told us they would look at how the system could be improved upon.

One staff member from another organisation told us that a six monthly audit that was completed on care records by them for Jubilee Citizens UK. We looked at the last one completed and found that it was ineffective. For example, two people that were receiving a service from the agency were not listed so no audit of their care records had been undertaken. We saw these care records had, for example blank forms that had not been completed to assess a person’s moving and handling needs. We saw that the audit focused on the content of forms within the care record rather than, for example, looking at whether the records were robust and gave sufficient information to staff. We discussed this with the director of operations and they agreed that the audit had not been effective. This meant that actions had not been identified to improve care records.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.