

JEPPS Care Ltd

JEPPs Care Ltd - The Diamond Centre

Inspection report

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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?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

This announced inspection was carried out on 11 May 2016. JEPPs Care Ltd - The Diamond Centre provides personal care to people in their own homes in north east Nottinghamshire. On the day of the inspection there were 10 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People may not receive the support they require to maximise their independence due to risk assessments not being kept up to date.

People were currently receiving a consistent service due to the flexibility and goodwill of staff. However this had not always been the case and there were not sufficient staff employed to ensure this would not occur again in the future. New staff had not all completed the full recruitment process.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human rights to make decisions for themselves were respected and they provided consent to their care when needed.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from staff who understood their health needs.

People were treated with respect by staff who demonstrated compassion and understanding. People were involved in determining their care and support and were cared for in the way they wished to be.

People could not rely on their plan of care containing all the required information to ensure their care and support was delivered as needed. People were informed on how to express any issues of concerns they had so these could be investigated and acted upon.

People who used the service and personal assistants were able to express their views about the service which were acted upon. The management team provided leadership that motivated personal assistants in their work. There were systems in place to monitor the quality of the service and make improvements when needed.

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 always safe.

There were not sufficient suitably recruited staff employed to ensure people always received a consistently safe service.

People may not receive safe care and support that maintained their independence.

People felt safe using the service because staff understood their individual responsibilities to prevent, identify and report abuse.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and wellbeing and to have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected them as individuals.

People were provided with opportunities to be involved in making decisions about their care and support which they could change if they wanted.

People's personal preferences, lifestyle and choices were respected by staff visiting them in their homes in a way that suited them.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People may not receive the care and support they require because their plan of care did not include all the information required to do so, or it was not kept under review.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency. People's views and experiences in using the service were used to identify and make improvements to the quality of the service they received.

People used a service where staff were encouraged and supported to carry out their duties.

JEPPs Care Ltd - The Diamond Centre

Detailed findings

Background to this inspection

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

This inspection took place on 11 May 2016 and was announced. The provider was given 24 hours' notice because the location is a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with six people who used the service and two relatives about their views and experiences of the service. We had discussions about the service with four personal assistants, a recently appointed care coordinator and the care manager. We also spoke with the registered manager and the company director.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People felt safe using the service and told us they were treated well by the personal assistants who visited them. One person who used the service told us, "I feel safe when they are here, no qualms whatsoever." A relative told us they felt their relation was safe once they knew the personal assistants, they said, "I feel safe when it is someone who has been before." One of the personal assistants we spoke with told us, "I feel people are safe using the service, we check to make sure they are."

Personal assistants were able to describe the different types of abuse and harm people could face, and how these could occur. They said people's safety and safeguarding issues were discussed in team meetings. Personal assistants said they would raise any concerns or worries they had about people's safety with one of the managers, however they did not know when and how concerns should be reported to other bodies, such as the local authority. The care manager told us they provided safeguarding scenarios in team meetings to create discussions about safeguarding and said they would include when and how the local authority should be informed of a safeguarding concern in the next team meeting. The registered manager told us there had not been any incidents about people's safety that they had needed to refer to the local authority.

People may not receive their care and support in a way that had been assessed for them to receive this safely. A person who used the service told us, "I have found the service good in doing risk assessments." However we found some risk assessments had not been kept up to date with changes in people's needs. This included risk assessments for one person who had returned home after a stay in hospital who was no longer mobile, but their risk assessments had not been updated and showed them as being able to mobilise with the use of mobility aids. We did note the person's care plan had been updated with their changes.

People described how they used equipment in their homes and said staff knew how to support them with this. Personal assistants spoke of using equipment to ensure they provided people with safe care. The care manager said they made a referral to the appropriate healthcare professional when additional or new equipment was required. For example they told us they had recently made a request that one person was assessed for some mobility equipment that would enable them to be helped out of bed, and they were waiting for this to be responded to.

Personal assistants were able to describe care practices they followed to keep people safe from harm, such as making sure people regularly changed their sitting or lying position to prevent any risk of pressure damage to their skin. We saw repositioning charts were completed for people who were cared for in bed, although we found one person's chart was not completed in a way that showed they had been repositioned. The registered manager said they would address this so the chart was completed to show when and how the person's position was changed.

We saw there were completed environmental assessments in people's care files. A relative said a home assessment had been carried out before their relation started to receive any care visits. Personal assistants confirmed that environmental risk assessments were completed before they started to provide any care to ensure this could be done safely.

People had experienced some problems with the consistency of the service they received in the past, but told us these difficulties had now improved. People spoke of having had late calls and not having a regular personal assistant visit them. One person told us, "We have fallen out sometimes when there were changes to the rota. They put one name down then it's someone else. That's the only problem, but I now have the same ones." Another person told us, "They always turn up, sometimes it has been a little late. That is difficult when I am desperate to use the commode. There is always a reason when they are late."

Personal assistants said there had been some difficulties in visiting the same people, but they now were able to visit the same people regularly. The care manager told us they had recognised there had been some difficulties with people's service but this had now improved due to the flexibility and goodwill of all staff employed at the service. All staff we spoke with, including the registered manager, felt they still needed some additional staff. The registered manager told us they were advertising to recruit new staff but this could take some time to get new staff in post due to the low number of applicants they received to job advertisements.

People were at risk of being cared for by staff who were not suitable for this type of work because they had not been through the full recruitment process to determine their suitability. We found there were some staff who only had one reference obtained rather than the required two. We also found that where an applicant had not provided a full previous work history this had not been discussed with them to identify the reasons for any gaps in their employment. However all staff had undergone a check with the Disclosure and Barring Service (DBS) prior to starting their employment. The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. The registered manager told us they would ensure these checks were completed prior to any future employment.

People who needed support to take any medicines told us they received the support they required. A person who used the service told us, "I have got my medication all lined up, they pass them to me with a drink."

Staff were clear about what support people needed with their medicines. They told us they had received training on medicines administration and we saw records showing staff had undergone an assessment once they had completed their training to ensure they were competent in prompting and administering people with their medicines. The care manager told us they only supported people to take prescribed medicines and where possible these must be stored in a monitored dosage system.

Details of what support each person needed to take their medicines were included in their care plan. This included whether the person was able to self-medicate, when the person needed a staff member to prompt them to take their medicines and when the person needed these to be administered to them. A record was made on a medicine administration record (MAR) each time a person was supported with their medicines. We looked at a sample of these and saw there had been the occasional missed recording. The registered manager told us they had held a meeting with the staff concerned to reinforce a record must be made anytime a person is supported to take any medicine. The registered manager told us there had not been any errors made in managing people's medicines.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A person who used the service told us, "The service is very effective, excellent and meets my needs as required on a daily basis." Another person commented that the personal assistant who visited them seemed to be well trained. A relative told us their relation's personal assistant was, "Excellent, they know exactly what we want them to do."

Recently appointed personal assistants told us they had received an induction when they started their employment which had been useful and prepared them for the work they were required to do. They told us this included a period of 'shadowing' more experienced staff to see how they carried out their duties. They also told us on completion of their induction they had started the care certificate. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

We observed the care manager going through an induction file with a newly recruited coordinator as part of their planned induction. The coordinator told us they were finding the induction useful and realised they had a lot to learn. They told us once they had completed the induction they would also be undertaking the care certificate.

Personal assistants told us they had the training and support they needed. Staff training records showed staff had been provided with training in key areas such as safeguarding, medication, moving and handling and which staff had been enrolled onto the care certificate. Personal assistants said they felt supported by the senior staff and that they had one to one discussions with the registered manager about their work performance, training needs and any other issues they wished to discuss. We saw records of these sessions were held in staff files.

People had their right to give their consent and make decisions for themselves promoted and respected. A relative said they felt their relation's views and wishes were respected. They said the personal assistant would only provide personal care when their relation consented, which they did not always do. Personal assistants described how they respected people's rights and only acted when they had been given consent to do so. We saw a sample of care plans which had all been signed by the person concerned to show they had consented to their plan of care.

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. There were no people who used the service who did not have capacity to make decision for themselves, but the registered manager was aware of the need to assess the capacity of anyone in the future who may not have.

People were provided with support to ensure they had enough to eat and drink to maintain their health and wellbeing. A person who used the service told us, "They will prepare meals for me. I say what I would like. They are pretty good. They follow hygiene practices and ensure I have enough to eat." Another person told us, "They come to give me my meals." The care manager told us they had requested one person's care and support was reviewed to consider if they needed additional support at meal times to help with their nutritional intake.

Personal assistants told us they encouraged people to eat well and have a choice in what they had to eat. They told us some people had meals prepared in advance by a relative or ingredients were left for them to use. A personal assistant told us they asked people to choose what they wanted to eat from what was available.

We saw a record was made of what people had to eat and drink during their personal care calls. The care manager told us no one had any specific dietary needs. There were instructions in people's care plans about their requirements with food and drink, which included making sure a drink was left at the end of the visit.

People's healthcare needs were known and supported. People who used the service told us personal assistants would ask them how they were feeling and they responded accordingly. One person said, "I say if I am not feeling well and they are so considerate." A relative told us their personal assistant was very considerate about their relation's health needs.

A personal assistant told us if someone was not feeling well when they visited them they informed the office staff, and if needed remained with them until a healthcare professional or relative arrived. The care manager told us any healthcare issues they identified were referred to the appropriate healthcare professional. The care manager said if needed they accompanied people to healthcare appointments.

Is the service caring?

Our findings

People received care and support from staff who were caring and kind. One person told us they found the personal assistants to be, "Very caring, always polite and happy to help in any way possible." A relative said they had, "Fallen on their feet" with their regular personal assistant and they were very happy with the care and support they provided.

Personal assistants described how they tried to engage with people and build up their trust. They spoke of treating people individually and respecting people's individual preferences. One personal assistant said, "I enjoy being there for them, I enjoy helping people. They are all very nice and kind." Another personal assistant told us, "I enjoy helping others, I like to help people with their day to day needs." We heard personal assistants discussing their working hours with office staff and being flexible to make sure people were visited by personal assistants they knew. The care manager told us that personal assistants got to know people well and they provided person centred care. They said if someone did not get on with their personal assistant they would look to make a change.

People told us they were involved in planning their care and support and making decisions about this. A person who used the service told us if they needed anything different they told the personal assistant who visited them who arranged for this with the office staff. Another person said, "They asked me about the care I wanted."

The registered manager told us they visited people prior to starting the service to find out what care and support they required and how they would like this to be provided. The care manager said they looked to provide care in the way that people wanted it. They said they tried to respect people individual preferences from within their resources, such as the gender of personal assistant they wished to support them.

The care manager told us they had previously involved an advocate with a person and had details of how to contact an advocate if anyone needed their support in the future. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People were treated in the way they preferred and they found respectful. A person who used the service told us they viewed the service as, "All open and honest to give good and positive communication and good working relationships between all." A relative said the personal assistant who regularly visited them had managed to build up a rapport with their relation and did not make them feel embarrassed about receiving any personal care. They added that they can have a laugh and a joke together.

Personal assistants spoke of respecting people's homes when they were working and said they saw themselves as guests. They referred to maintaining people's privacy, dignity and confidentiality during the visit and afterwards.

Is the service responsive?

Our findings

People may not receive the care and support they required as this was not always recorded in their care plans. One person required support to complete some daily exercises, however the details of the exercises were not included and it was stated in the care plan, "To do when time is available." The person's daily notes did not show the person had completed these exercises during recent care calls. This meant the person was not doing the exercises each day as intended.

Details of people's needs and abilities were not always included in their care records. Some files did not include an initial assessment of people's needs or have an assessment of a specific need. For example one person who was at risk of pressure damage to their skin did not include details of how to promote their skin integrity. Another person's assessment was not focussed in a way that described what the person's needs were.

We found some people's care plans had not been updated when they had been due to be. The registered manager told us, "A few care plans may not have been done, but when there was a change in need this has been done."

People confirmed they had a care plan kept in their home which described their needs and how these should be met. One person who used the service told us they had a care plan and that, "One care worker joined in with a review of my care yesterday with the social worker to ensure my quality of care was being met." A relative said there was a care plan which they felt accurately reflected the care and support their relation required. They added, "I can't fault them with that." Personal assistants said they referred to people's care plans which gave them details of the care people required. One personal assistant told us, "I feel they (care plans) have the info we need." The care manager told us although improvements had been made to the care plans they knew further improvements were needed and described them as, "Work in progress."

People received their care and support at the time it was planned for. People told us personal assistants usually arrived on time and they were contacted if there was any delay. One person who used the service told us, "They let me know if they are going to be late, but they usually arrive on time." Another person said, "They are punctual and stay the full length of the call." A relative told us, "They always come when we have agreed." People told us they were able to make alterations to the times of their visits to take into account their personal circumstances. One person said, "They are very adaptable in meeting my needs for any changes as and when needed."

People were given opportunities to raise any concerns and they were told how they could make a complaint. A person who used the service told us, "I have never had anything to complain about, but I know where the complaints procedure is." Another person said, "Any concerns that may arise can be spoken about, there is always someone to talk to." A relative told us they had requested one personal assistant did not visit them in future and this request had been complied with. The care manager told us they talked with people about how to make a complaint if they needed to as part of the initial assessment process.

People could be assured that any complaints made would be investigated and appropriate action taken. The registered manager told us the company director investigated any complaints and that there had been two complaints made. The company director confirmed they had investigated one complaint and apologised for an error made. They were currently investigating another complaint that had been raised and they would be responding to the complainant when they had completed their investigation.

Is the service well-led?

Our findings

People felt there had been problems with keeping them informed and involved in the past but these had now been rectified. They told us they now felt any suggestions they made would be listened to and acted upon. A relative said that although they could speak freely to office based staff they had not always felt they were "kept in the loop" about matters, such as who was coming to visit them. However they told us this had not been a problem over recent weeks and they felt they were now kept informed. The care manager recognised there had been some problems previously but told us they, "were getting better" and had made a number of improvements to the service and were putting systems into place.

People knew how to contact office staff and felt they were now kept informed. A person who used the service told us they had a telephone number to contact the office if needed and they were sent a copy of the rota every week. Another person said, "They send me a rota every week so I know who is coming."

Personal assistants felt they were involved in discussions to improve the service people received. They told us there were regular staff meetings held and they felt able to make suggestions which were listened to and that they were given answers to any questions they asked. Personal assistants said they were able to come to the office when needed and were able to contact one of the managers out of office hours on an on call phone. One personal assistant told us, "I can always get advice. I like to ask about things to make sure." The registered manager said they were keen to hear any suggestions from people who used the service, relatives and staff that would lead to improvements to the service being made.

People who used the service were confident in the way the service was managed and felt able to discuss issues with the registered manager. A person who used the service said, "I see the manager, they came this morning to check on some papers." A relative told us they were able to "Pick up the phone and speak to [manager]." The relative added that they thought the registered manager was approachable. The care manager told us the registered manager and themselves visited people to discuss their service with them.

Personal assistants told us they felt the agency was run well and they were supported by the registered manager. They told us the registered manager was approachable. One personal assistant told us, "I think everything is run fine."

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We had not received any recent notifications from the service and the registered manager said there had not been any recent event they needed to notify us of.

There were systems in place to identify where improvements could be made to the service. A person who used the service told us, "I am asked how I find the service and I would say if anything was not right." We saw there were some questionnaires completed by people who used the service entitled, "How is your PA (personal assistant) doing?" These showed people who used the service had made positive comments

about their personal assistants. The company director told us they intended to survey people for views about other aspects of the service in the future.

The registered manager showed us a system they followed to monitor that calls were taking place as planned. They told us they had brought this system in when there had been a call to a person who used the service missed, and they had not been aware this had happened in time to make alternative arrangements. The registered manager told us there had not been another call missed since then. The registered manager showed us the system they had recently implemented to highlight when people's care plans were due for review when they had found some care plans had not been reviewed.

There were records made of unannounced checks carried out on personal assistants to ensure they were attending calls as required. These also provided an opportunity for a senior staff member to feedback to the personal assistant how they carried out their duties. There was a reminder system to show when each personal assistant was next due a supervision session.