

JEN-U-WIN CARE LIMITED

Jen-U-Win Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Jen-U-Win is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults in and around Buxton. The organisation provides other support that is not regulated by us including support in the community. This is the first inspection of this service since they registered in December 2017.

The service had a 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.

The staff understood how to protect people from harm and were confident that any concerns would be reported and investigated. Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. Some people received assistance to take medicines and records were kept to ensure that this was done safely. There were safe recruitment procedures in place to ensure new staff were suitable to work with people. Lessons were learnt where things went wrong to ensure improvement were made.

Staff were supported and trained to ensure that they had the skills to support people effectively. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. People made decisions about how they wanted to receive support to ensure their health needs were met. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need.

People had a small team of staff who provided their support and had caring relationships with them. Care was planned and reviewed with people and the provider ensured that people's choices were followed. People's privacy and dignity were respected and upheld by the staff who supported them.

People had care records that included information about how they wanted to be supported and this was reviewed to reflect any changing needs. There was a complaints procedure in place and people were confident any concern raised would be addressed.

People were asked for their feedback on the quality of the service and their contribution supported the development of the service. Quality assurance systems were in place to identify where improvements could be made, and the provider worked with other organisations to share ideas and to develop the service. The registered manager promoted an open culture which put people at the heart of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff understood how to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans and implemented. People were supported to take their medicines. There were sufficient staff to support people and checks on the staff employed were carried out.

Is the service effective?

Good ●

The service was effective

Staff knew how to support people in their best interests when they were unable to make decisions independently. People were supported by staff that were skilled, confident and equipped to fulfil their role and received the right training and support. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring

Staff supported people in a caring and respectful way and encouraged them to maintain their independence. People were involved in the way their care was provided and their dignity was respected.

Is the service responsive?

Good ●

The service was responsive

The support people received was tailored to meet their needs and preferences. The provider's complaints policy and procedure were accessible to people and they were supported to raise any

concerns.

Is the service well-led?

Good ●

The service was well led.

Quality monitoring systems were in place to review how the service was managed. People were happy with the care they received. The provider worked in partnership with other organisations to help to drive improvements. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns.

Jen-U-Win Care

Detailed findings

Background to this inspection

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

Not everyone using this service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The provider was given seven days' notice because the service is small and the manager is often out of the office supporting staff or providing care and we needed to be sure that they would be in. The inspection site visit activity started on 22 January 2019 and ended on 25 January 2019. It included telephone calls to six people and seven relatives. We also spoke with five staff members and the registered manager. We visited the office location on 25 January 2019 to see the registered manager and to review care records. One inspector carried out this inspection with an expert by experience. An expert by experience is a person who has personal knowledge of using services.

The provider completed a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at five people's care records to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

There were enough staff to provide safe and effective care. People had a small group of regular staff who provided all their care and who they knew well and were comfortable with. One relative told us, "They've given [Name] a true friend and it's lovely to see how they are together." Another relative told us, "Cover for holidays or sickness is never an issue because [Name] has met most of the staff over time, so it's never a stranger who comes to take care of them." The registered manager felt comfortable with the size of the service and how this was managed. They told us they wanted to keep the service small to enable people to receive a high quality personalised service.

People were confident that staff knew how to protect them from harm. Staff had a good understanding and knowledge of safeguarding people and knew how they may recognise possible abuse or neglect. The staff understood their responsibilities to report any concerns.

Risks associated with people's care and support were recognised and managed. Staff knew people well and where people used equipment to move around their home, this was included in the assessment of risk. People were confident the staff understood how they needed support to move. One relative told us, "[Name] needs to use the hoist every day. The staff talk through what they're doing with them and make sure that they are comfortable before starting to lift them. They always arrive together and they've never only sent just one staff." Where people needed equipment, the occupational therapist carried out an assessment and staff received training to ensure they understood how any equipment needed to be used.

An environmental risk assessment was completed for hazards in the home and included information about the lighting, security, whether there were any concerns with the structure of the property and what equipment was available for use. Where people had a key safe, staff explained they memorised these details and would contact the office if they needed reminding of the numbers. One person told us, "They've always been very careful with the key safe and I've never had any concerns about my safety."

People were satisfied that infection control standards were maintained. One person told us, "We've never once had to remind a single carer about washing their hands or using their gloves and aprons." Another person said, "They keep a supply of gloves and aprons here in my home and replenish it when needed." Staff confirmed personal protective equipment was available for collection from the office and a stock was kept within each person's home for staff to use and ensure infection control standards were managed.

Where people needed support to take their medicines they were confident they received these as required. One person told us, "I can take my own tablets, but the staff will make sure I've had them because I can be a little forgetful these days." Another person told us, "I can still do these for myself at present, but the manager told me that if I begin to struggle with them, I must let her know and the staff will help me instead." A medicines risk assessment was completed which recorded whether staff needed to collect people's prescriptions, whether people understood what medicines they needed and how they were to be stored safely in their home. We saw people had a printed medicine record and these were audited to ensure the medicines people received matched what was prescribed.

When new staff started working in the service, recruitment checks were carried out to ensure they were suitable to work with people. We saw that staff's suitability for the role was ensured by obtaining references, having a police check and confirming the validity of their qualifications, including previous experience and training.

The provider recognised errors and reflected on situations to make ongoing improvements. For example, they had reviewed their assessment process to ensure they had a good understanding of people's needs before they agreed to start to provide a service for people.

Is the service effective?

Our findings

People were confident that staff knew how to support them, and they received care from a small team of staff who they knew well. One person told us, "All of the staff are lovely and very highly trained, so I don't mind seeing any of them really." Staff received training to enable them to gain the necessary skills and knowledge to support people.

New staff received an induction into the service. When new staff started working they worked with other experienced staff members and had an opportunity to get to know people. The staff explained they worked alongside other staff in care calls that needed two staff to support them; this gave them the opportunity to learn the skills and knowledge they needed. Staff were supported to complete nationally recognised vocational training and the care certificate; this sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were provided with support through individual supervision. Staff were encouraged to reflect on their practices and how they supported people. Competence checks were completed to ensure they understood how to provide people's care. Staff told us these checks included making sure they arrived on time, were suitably dressed and supported people in a dignified manner. If any concerns were identified, these were addressed through the supervision process to ensure improvements were made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The staff told us that people who used the service had capacity to make decisions about their care and support. People felt they were helped to make decisions and be in control of their care and had consented to their support plan. The provider and staff understood that where people were no longer able to make decisions for themselves, other people could help make this decision in their best interests. The registered manager agreed that they would carry out assessments and involve social work and health professionals to ensure they worked together to ensure decisions people received safe and effective care.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. Where people received support from community health care professionals, the staff had received training to enable them to carry out and recognise changes, for example, in the condition of people's skin. Staff explained they had recently attended a tissue viability course which had helped them to understand how to prevent and treat skin conditions. One member of staff told us, "We have some people who have diabetes so it's really important that we check their skin every day. Some people use a wheelchair, so we need to look at their pressure areas. If we find anything we are concerned about, it's recorded on a body map and we report this. We have good relationships with the district nurse team and they always respond to anything we raise."

Some people received a service in conjunction with another care provider. The staff explained that one

agency always took the lead role and they were responsible for completing all care records and reviews. The second organisation would have a copy and be invited to participate in the review process. One member of staff told us, "It works well. As we are a small team, it's the same staff who provide the support and we make sure we arrive at the same time as the other agency. We have their contact details, so if there are any problems we can get in touch with them directly." People and staff felt they received a coordinated service.

People had choice and flexibility about the meals they ate and were responsible for providing their food for staff to prepare. People chose what they wanted to eat and staff helped to prepare this. One person told us, "I have all my meals made for me and nothing is too much trouble if I fancy it. They always wash up and wipe the work surfaces down afterwards too." Another person told us, "They always make me a hot drink as soon as they're through my door and they make me another one before they leave. They'll also leave me a glass of water by my chair for later."

Where concerns were raised that people may not be eating or drinking enough to keep well, the staff recorded what had been served or eaten. The staff explained this meant that staff on the next call could check what people had actually eaten and drank; if there were any concerns they would contact the office staff to ensure checks were made to help keep people well. Where people had meals prepared and cooked, they had a longer care call, so staff had enough time to prepare and help people with their meal.

Is the service caring?

Our findings

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. One person told us, "I don't have to explain anything because they know me well. I've only ever seen female staff working, which is what I prefer." People told us as they had a small team of staff who provided their support, they had developed a good relationship with them and they knew staff well. One relative told us, "The staff have taken time to understand [their family member's] disability, observing us communicating with them and learning how to read their body language in relation to their moods. We have been so impressed by their dedication and caring attitude. We couldn't ask for any more." People told us they valued the time spent with staff and enjoyed their conversations. One person told us, "We chat all the time that they're here. It's very quiet when they've gone." And, "I like to know what's going on in the world, but we agree not to talk about politics."

People's privacy and dignity were respected. Where personal care was delivered, people told us the staff took time to ensure they were covered. One person told us, "I have a lovely warm shower followed by an equally nice warm towel. They always make sure that I'm not going to get cold whilst I'm undressed." People told us the staff respected their home and one person told us, "The staff treat my home like they would their own. They always tidy up after themselves, they put my dirty linen in the basket and they throw out or recycle as required. I've been very impressed, because you always hear such things about youngsters not caring; well these ones do."

People were encouraged and supported to be as independent as they wanted to be. People were involved with their support and given choices about their care. One person told us, "They allow me the time to still do little things for myself, without rushing me and they'll only step in to help me when I ask them to do so."

People felt staff were thoughtful and considerate and went 'the extra mile' to ensure they were safe and happy. One relative told us, "They often make a shopping list up because they can see what they are running short of better than they can." And another person said, "They are very good at spotting extra jobs like a load of washing needing to be put on. Nothing is too much trouble."

When organising support, the provider considered people's preferences. The provider had an equality policy and staff understood that people's support was based on their individual needs. One person told us, "The staff know me really well because I have a small number of regular staff. I've always asked for female staff only and that's what I get." People's plans covered all aspects of their lives and staff knew about the plans and told us how they supported people in line with them.

Information about people was kept securely in the office. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

Is the service responsive?

Our findings

People's care and support was planned to meet their needs and they contributed to the development of their plan. An assessment was carried out before starting to care for people and the registered manager or the care co-ordinator carried out the initial care visits and completed the care plan. The care co-ordinator told us, "Each person who uses the service has either me or the manager involved in their care. This means we can check they are receiving the right care and we can attend any reviews. It means they are not just a name, we know people really well."

People felt the care they received matched how they wanted to be supported and their care was reviewed regularly. One person told us, "The manager comes out quite often and we sit and go through it all to see if there are any changes needed. I always feel fully involved with everything." A relative told us, "[Name]'s care plan is in their folder. The manager always arranges a time when I'm free also. We have a good old chat about everything and [Name] knows that if they want anything changed, it will be. The manager often has some good suggestions about equipment and they like to help [Name] as well, so it's really worthwhile."

People received support at the time they wanted and staff arrived when expected. Each person received a rota each week which recorded which staff would be providing their care. Where any calls had to be changed, people told us they were contacted and this was discussed. One person told us, "I always get a call if something has happened to my regular staff and someone else is going to be coming instead." Other people told us, "My care is organised to suit me. The manager is very insistent on that. Even though we're a bit remote, they do seem to arrive on time, even this morning with snow on the ground! They always stay for their full time." And, "The staff will come when I need them. They are very prompt, but if there has been a hold up, someone from the office will always call me. They stay until absolutely everything has been done, including asking me if there is anything else I need help with."

People were confident their concerns would be responded to and knew how to raise any complaints if needed. One relative told us, "The manager and all the staff look after [Name] as if they were their own family member and I couldn't ask for any more. If I had concerns, I'd phone the manager to sort it out." Other people told us, "You only need to be with the agency for a few weeks before you realise that it doesn't matter if you have any concerns or problems, whether big or small, you just pick up the phone and ring the manager and it's all sorted out there and then." And, "The manager told me that I must not sit worrying about anything at all, because if I talk to her, she will sort it out. Not that I've had to though." The service had not received any formal complaints although the registered manager understood that these would need to be investigated and people would receive information and an outcome."

People were supported to pursue activities and interests that were important to them. Some people were helped with their cleaning or staff accompanied people when out; for example, when shopping and going to a local pub. One relative told us, "The staff come and take them out once a week. They either go to the local day centre, or have some lunch out, or feed the ducks or visit our local farm. [Name] loves their time out and they are so well supported by the staff; there are never any problems." During these support visits, personal care was not provided and therefore this support is not regulated by us.

The registered manager had considered where people needed information in different formats. The staff told us that at present the format of the documents met people's needs but this was reviewed, and documents could be provided in large print or easy read where this was required.

There were no people who received end of life care and we have not reported on this area on this occasion.

Is the service well-led?

Our findings

Where information needed to be passed on between each care call, messages were sent through a group messaging service on staff's personal phones. Staff explained that only initials were used and messages were anonymised with brief information recorded. However, the system for messaging did not have a second level of security and did not comply with current standards to ensure information was safe and secure. The registered manager recognised this and following our inspection, made the necessary arrangements for a secure system to ensure information was kept and transferred securely.

The group messaging service was also used to identify whether staff had provided care at the time people were expecting this. People told us staff provided their care when they expected and stayed the correct length of time and this was recorded in daily records, but there was no system in place to review these times. We checked the daily records and saw that the times recorded, did not always accurately reflect when people had received their support visit. The registered manager agreed that improvements were needed in these areas and would review how these could be made.

Quality checks monitored the service people received. For example, we saw that audits were undertaken of completed medicine records to enable the management team to identify any errors and address these. Where errors had occurred, we saw that actions had been taken.

People's care was reviewed and a record maintained where these were conducted. This included reviewing people's care plans and risk assessments. Accidents and incidents were recorded and reviewed to look for any patterns or trends, so that action could be taken to reduce risk. The staff confirmed that none had been identified for the people currently using the service.

The service had a registered manager who understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. The registered manager worked alongside health and social care professionals and recognised how they could work together to support people to receive good care.

People who used the service knew who the registered manager was and felt the service was well led. One person told us, "The manager is very professional and nothing is ever too much bother." A relative told us, "The manager gives me the confidence to know that [Name] is in safe hands. She keeps me updated and I know I can contact her at any time."

The registered manager sought people's views on the quality of service provision during any review and through a satisfaction survey. We saw feedback was positive, however if people had raised any concerns this was addressed straight away with the person.

The registered manager and staff were proud of the service they provided and enjoyed working in the service. The staff spoke highly of the support they received from the registered manager and members of the management team. One member of staff told us, "The service is really well run, and the manager wants to

make sure that everything is right. They know everyone and work with us so when anything happens, they know the person and can understand what help we may want." Another member of staff told us, "You get lots of support and I'm proud to tell people who I work for. It's a lovely company to work for and the manager is always available."