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J&R Care Services

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

We inspected this service on 6 December 2016 and the inspection was announced. We gave the provider four days' notice of the inspection so that we could arrange to visit some people who used the service and speak with staff. They were last inspected on 6 December 2013 and were fully compliant against the standards we reviewed.

J and R Care is based in Long Eaton and provides care and support to adults in the local area. There was a registered manager at the service. 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. There were 2 people using the service at the time of our inspection and the majority of the care was being provided by the registered manager with the assistance of one additional relief member of staff.

People decided on the care they wished to receive. They consented to their care and arranged for it to be amended if their needs changed. Their privacy and dignity was respected and upheld by the staff who supported them.

Risk was assessed and plans were in place to monitor people's health and to assist them in a safe manner. They described how to support people safely, including using equipment to assist them to move. Some people received assistance to take medicines and records were kept to ensure that this was done safely. When they required assistance to eat and drink the provider ensured that this was planned to meet their preferences

Staff had caring relationships with the people they supported and encouraged them to raise any concerns that they had; and there was a complaints procedure in place but people said that they had not needed to use it.

Staff were supported and trained to ensure that they had the skills to support people effectively. There were safe recruitment procedures in place to ensure that they were safe to work with people. They were trained in safeguarding and understood how to protect people from harm. Staff were confident that any concerns would be reported and investigated.

There were enough staff to meet people's needs and the balance was continually reviewed as the provider intended to recruit more staff and develop the service. There were systems in place to monitor and drive improvement.

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 knew how to keep people safe from harm and how to report any concerns that they had. Risks were assessed and plans to manage them were followed. There were sufficient staff to ensure that people were supported safely and safe recruitment procedures had been followed. When people required assistance with their medicine there were systems in place to reduce the risks associated with them.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to be able to assist people effectively. They ensured that their health needs were met and made referrals where necessary. Staff sought people's consent when providing support. People were assisted to eat and drink enough.

Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with the people they supported. They respected their privacy and dignity and encouraged their independence.

Is the service responsive?

Good ●

The service was responsive.

People planned their care and decided if any additional support was needed. They knew how to complain and were supported to report any concerns.

Is the service well-led?

Good ●

The service was well-led.

People found the manager to be approachable and thorough. Staff were supported and there were systems in place to ensure that the service was safe and provided good quality.

J&R Care Services

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 checked 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 visit took place on 6 December 2016 and it was announced. We gave the provider four days' notice of the inspection because it is a domiciliary care service and we wanted to ensure that people and staff would be available to speak with us. It was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. On this occasion the provider had not completed 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. We gave them the opportunity during the inspection visit to share this information with us.

We used a range of different methods to help us understand people's experiences. We visited two people in their homes. We spoke with one member of staff, the registered manager and the office manager. We looked at the care records of two people 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

People were kept safe by staff who understood their responsibilities to protect them from harm. Staff knew the signs of abuse and were confident about how to report any concerns that they had. One member of staff told us, "I would tell the manager straight away and they are very supportive and would follow it up." We saw that there was a safeguarding policy in place and the manager explained the links that they had developed with the local safeguarding team but that they had not had to report any incidents to date.

People told us that they felt safe with the staff that supported them. One person told us about the equipment that the staff use to move them safely. They said, "It is always used properly and I feel safe." Staff were knowledgeable about the risks associated with people's care and how to manage them. For example, we talked to the manager about actions that they had taken to help one person to protect their skin from damage. When we looked at their records we saw that there were risk assessments which were updated and reviewed when people's needs changed.

Environmental risks were also assessed to ensure that people were protected from identified risks. For example, we saw that arrangements were in place for staff to be able to access people's homes securely. One person we spoke with described the assistive technology that they had within their home so that they could allow people access. They said, "The staff know that they need to stand where I can see them so that I know it's them and then I can press the button to let them in." We observed that staff followed the agreed plan when they visited the person at home to ensure that they could be allowed entry safely.

People were supported to take their medicines when required. One person said, "They support me to take my tablets in the morning and evening. Another person told us, "They help me to take my tablets by popping them into an egg cup which I can manage. They always watch to make sure and sign the records to say that I have had them." One person asked the manager to speak with the pharmacy to check that their medicines would be delivered within the next few days. The manager told us, "We encourage people to maintain their independence and do as much for themselves as possible, like ordering their tablets. However, we do follow things up for them; for example, when we have needed to dispose of tablets I have liaised with the pharmacy to ensure it is done correctly." We saw that a medicines administration record was kept in people's homes and that staff signed when medicine had been given, or recorded if not given with the reason why. This demonstrated that medicines were managed so that people received them safely and to reduce the risks associated with them.

There were enough staff to meet people's needs. One person said, "I am always supported promptly and by the same people". Another person told us, "They are rarely late but if they were they would ring and let me know." The manager told us, "We want to grow our business but we are really careful what we take on because we have commitments to people and I don't want them to be stressed by us being late because we have over-stretched ourselves."

The provider ensured that safe recruitment procedures were followed to check that staff were safe to work with people. We spoke with the office manager who was sending for references for a recently recruited new

member of staff. They said, "I usually try to send for more than two because some previous employers don't respond promptly. We also pay for staff to have police checks completed before they start work." Records that we reviewed confirmed this.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to do so effectively. One person said, "The staff are skilled and reliable." Staff we spoke with said that they received the training that they needed. One said, "I have had lots of opportunities to do training and we are such a small team that we work closely together to understand peoples care needs." The manager described the training that they have organised for staff. They said, "We have used the local authorities training before and now we are also developing a package through the company. This will be a combination of work books and a face to face t session by a qualified nurse. We have just recruited a new member of staff and although they have care qualifications which mean that they won't need to do the care certificate we will organise an induction programme." The Care Certificate is a national approach to meeting induction standards in social care. This demonstrated that the provider ensured that staff had the support required to be able to do their job well.

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.

We checked whether the provider was working within the principles of the MCA. Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. One person told us, "They do ask me if I agree to the care. We have been doing it for so long now that we are in a routine that they know suits me." The manager said, "Everybody that we currently support has capacity to make their own decisions and they do so but we understand how to complete a capacity assessment if required." This showed us that the provider understood the MCA and was prepared to support people who may not have capacity in the future.

People were supported with their health care when needed. One person we spoke with said, "They will help me to make a doctor or nurse appointment when I need one." The manager told us how they had supported someone to be prescribed dietary supplements from their doctor after a period in hospital meant that they lost some weight.

Some people were supported to prepare and eat their meals. One person told us, "They make a meal daily that I choose." Another relative said, "I know exactly what I like to eat each day and they always do exactly as I say." The manager said, "At the moment we only help people to prepare meals and we don't need to record how much they eat and drink as they are able to make these decisions themselves." This showed that the provider ensured that people had enough to eat and drink and considered how to support them further.

Is the service caring?

Our findings

People were treated with kindness and respect by the staff that supported them. One person said, "The staff are very good, they are always kind, respectful and polite". We saw that staff greeted people warmly and asked about their wellbeing. They knew people well and communicated with them in their preferred way. For example, they went to one person straight away to talk through the plan of the visit so that they would not be anxious.

People told us that they planned their own care and that they were listened to. One person said, "I arrange what care I want and they always do it like I have asked." The provider made arrangements that made people feel like they mattered. The manager told us, "We have an emergency arrangement in place for one person and sometimes they call for some reassurance which is fine. On occasions we have gone to the property to replace a lightbulb to put them at ease."

Privacy and dignity were upheld by staff. One person said, "The staff always consider my privacy and treat me with respect." The provider arranged for us to visit people in their homes with staff. These arrangements ensured that we could speak with the people privately so they could share their feedback. When we looked at care plans we saw that people's preferences for care had been recorded; for example, 'Ensure that the person is covered with a towel when they are being supported.' This showed us that the provider took action to promote dignity.

Is the service responsive?

Our findings

People told us that the care and support they received was agreed with them and amended whenever needed. One person said, "We have agreed what support I have and there is a copy of the care plan kept in my home which the staff sign every time they come." One member of staff told us, "If we were providing support for someone new then the manager would make sure I had all of the relevant information beforehand and they would come with me to introduce us. Then there are always plans in place which describe how people like to be supported." When we reviewed records we saw that they were detailed, recorded personal preferences and were completed after each visit.

Care was reviewed to meet people's changing needs. The manager told us how they had amended one person's support after a hospital visit. We saw that there was a planned review of care and the manager said, "We keep people continually under review and would respond straight away if their needs changed." People told us that they had consistency in their care and that it was usually provided by the same person. One person we spoke with said, "If the person who usually provides my care is unwell then they will provide cover but thankfully they are always well!"

People had received information about how to complain or raise concerns if they felt it was necessary. One person said, "I have been given the information but I have never had to raise a complaint. I would be happy to speak with the staff directly though if I had any problems" People were given information about complaints in their welcome pack. There was a complaints procedure in place which was monitored by the provider although no complaints had been received.

Is the service well-led?

Our findings

People spoke positively about the care and support they received. One person said, "I am very happy with my care and the manager is very thorough." Another person said, "I am happy with them and if I wasn't I would stop using them." The manager provided most of the support and said that this enabled them to get direct feedback from people on a daily basis. We saw that they had sent a satisfaction survey to the small number of people that received a service.. The manager said, "Although I see them regularly there may be something that they don't want to say directly to me but would feel more comfortable writing down. We have systems in place which we still follow however big the service is at the moment." There were no recommendations from this year's surveys and we saw that in previous years the provider had taken action to address and respond to any suggestions. This showed us that the provider actively sought feedback from the people they support to improve their service.

The member of staff who worked for the provider was positive about the support and guidance that they received from the provider. They said, "This company is absolutely spot on and you won't find better. They are very thorough and check everything to make sure that we haven't cut corners." They told us that they received regular supervision and we saw that the manager kept a record of when they happened and were due. The member of staff said, "Communication is good and when I am working they stay in touch and always know where we are." The manager said, "At the moment I work alongside the member of staff so I can check that they are doing everything right. When the service grows again I will do regular observations of practise." The manager also told us of the arrangements that they had in place to ensure that people received continuity of service. They said, "As a small team we are aware that we need other arrangements in place in case we can't make the calls. We have an arrangement in place with other professionals who support people so that we can cover each other's absence. That way the person is not disrupted too much."

The provider had procedures in place and systems for auditing records and accidents and incidents to drive improvements. The manager told us, "At the moment I am the only member of staff administering medicines but I do have a system in place to look at the records we complete and check for any omissions etc. when we have a larger team." The provider had an office manager who ensured that records were kept securely and were up to date. They also had financial expertise provided by an external person. The manager told us, "We do want the business to grow again and we have the systems and the people in place now to enable that to happen. We have recently recruited a new carer so we should be able to support some additional people soon. However, we are always careful to only take people that we know we can provide safe care for; and we also need to ensure that we can meet our current commitments. It is always a balancing act but we only ever want to have ten to fifteen people because then we know we can maintain the quality and the personal touch." This showed us that the provider had systems in place to monitor quality and a business plan to maintain it.

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.