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JK Caring for You

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 

Overall summary

This inspection took place on 17 September 2015 and was announced.

JK Caring for you is a care service registered to provide personal care and support for people in their own homes in the Bridgnorth and surrounding areas. At the time of our inspection they were providing care and support for 81 people.

There is a 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 2008 and associated Regulations about how the service is run.

People were protected from harm and abuse because staff had received training and were able to identify and report concerns. Risks relating to people's care had been identified and information was available to staff to inform them how to support people safely.

Summary of findings

People were involved in the planning of their care and in the reviews. The provider encouraged people to raise any issues and people were confident that action would be taken by the management team.

Staff provided care which was kind and compassionate and promoted people's privacy and dignity.

Staff received induction and ongoing training in order for them to provide care. Staff were supported by the management team and received regular feedback on performance.

Staff did not start work until appropriate checks had been made to make sure they are suitable to support people in their homes. There were enough staff on duty to make sure people had the care and support they needed at the right time.

The provider completed regular quality checks to ensure standards of care were maintained. People's views were sought on a regular basis and any areas for improvement were identified and acted upon.

The provider took appropriate action when people were unable to make decisions for themselves

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 safe

Good



People were kept safe because staff could recognise signs of potential abuse and knew what to do to raise a concern. People's individual risks to health were assessed and referrals made to appropriate health services. The provider completed pre-employment checks before staff started work and made sure there were enough staff on duty to meet people's needs.

Is the service effective?

The service was effective

Good



People's needs were met because staff were appropriately trained. The registered managers made appropriate referrals to other agencies when there were any changes in people's needs or risks. Regular unannounced checks were carried out with carers to ensure that they were providing appropriate care.

Is the service caring?

The service was caring

Good



People's privacy and dignity was respected by the staff. People were supported with kindness and compassion. People and their relatives were consulted about their assessments and involved in developing their care plans. People were actively encouraged to express their views about their care and support.

Is the service responsive?

The service was responsive

Good



Staff knew how to put their learning into practice in order to support people and were responsive to their changing needs. People knew how to make their views known and felt that they were listened to by the staff and the registered manager. People told us they were involved in their care planning and that their wishes and preferences were considered.

Is the service well-led?

The service was well led

Good



The registered manager had clear vision and values for the service. These values were demonstrated by the staff. The provider recognised the importance of regularly monitoring the quality of the service provided to people. Staff received support and regular feedback from managers.

JK Caring for You

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 17 September 2015 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and an expert-by-experience who supported the inspection by conducting telephone interviews with people and their relatives. An expert-by-experience is a person who has

personal experience of using or caring for someone who uses this type of care service. On this occasion this person's area of expertise was as a family member caring for someone living with dementia.

As part of our planning for the inspection we asked the local authority to share any information they had about the care provided by JK Caring for you. Before the inspection, the provider 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 spoke with the registered manager, manager and eight carers. We spoke with two people receiving services and four relatives.

We looked at the risk assessments and specific care plan records for two people and looked at records relevant to the quality monitoring of the service, staff training, safeguarding and disciplinary policies and records.

Is the service safe?

Our findings

People gave us mixed feedback about the way they were supported by care workers. One relative told us, “They are very good and stay with [relative’s name] until I get there”. However another person told us they didn’t feel their relative was safe enough. We spoke with the registered manager about this and how risk was managed throughout the service. They told us that people were always supported by staff to be as independent as possible and we saw people’s individual risk management plans that reflected this. We also spoke with staff about their understanding of risk management. One care worker said, “Risks can be minimised but the important thing is that the person is able to take risks to maintain dignity”.

We were told by the registered manager that they aim to reduce risks whilst still maintaining people’s independence in their own home. They said it is important to share details about risks to all involved so that everyone has a joined up approach to help manage that risk. We saw risk assessments in place for people which were reviewed regularly and involved the person, relatives and any relevant professional. Staff told us about the personalised risk assessments for people and these reflected those in people’s records.

Staff told us what signs they look for to identify potential abuse. They knew how to raise concerns with the provider and outside of the organisation. One care worker told us that they were provided with information containing contact details for the provider and the local authority. They told us they carried this information with them so that they had access to information when supporting people. The registered manager showed us records of all safeguarding concerns raised and we could see that these were addressed appropriately.

There were clear processes in place for safe recruitment and procedures to respond to any unsafe staff practice. The registered manager told us that they recruited people that they felt best reflected the provider’s values in providing good quality care. Staff told us that after they were interviewed checks were made to ensure that they were safe to work with people. The registered manager told us that they had procedures in place should concerns be raised regarding staff members to ensure people they support are protected. We saw records of a disciplinary incident and the steps they took to safeguard people.

We were told by the registered manager that each person has their needs assessed prior to them becoming involved. At this point the manager would identify the number of staff members needed, any equipment required and any specific training for staff members needed to provide the right kind of care.

The registered manager told us that numbers of staff for each person were directed by the placing local authority. They showed us records where they had approached the local authority when they thought a people’s needs had changed and an increase in the agreed care was required. They had appropriate systems in place to reassess the needs of people and took action when needed to ensure safe staffing levels.

Staff told us that before they were able to assist someone with their medicines they had to undertake office based training. They were then observed administering medicines by a line manager to make sure that they are safe. We saw records of assessments of staff competence to administer medication.

Is the service effective?

Our findings

One relative told us that they believed a staff member was inexperienced and did not have the skills and knowledge to meet the needs of their relative. They contacted the provider who took appropriate action to provide additional support to meet the needs of their relative. We saw records that identified a change in a person's needs and they now required additional carers. The registered manager had responded to this appropriately by providing additional support and by contacting social services. We saw records of regular communication with the person and their relatives concerning these changes.

Staff told us about the training that they had completed since starting their employment. They said that they found this training beneficial and that they felt better prepared to provide care. One staff member told us, "I feel much more prepared to do my job then I have ever done in the past, it means that I can provide better care". The registered manager told us that before new staff members started working with people they undertook office based training to give them an induction to the role. We saw one staff member working through their induction pack with the head of training who was supporting their development. Staff told us that they are provided with the training and equipment that they need in order to help people.

The registered manager told us that when a specific care need is identified they will seek training to assist staff to perform as best they can. They added that staff did not undertake any tasks without specific training to support the person. For example, we saw that the registered manager had arranged training for staff at short notice so that they would be able to support a person who needed catheter care.

Staff told us that they received informal supervision. This meant that they were able to "pop in" the office at a time to suit them and a manager or senior would always be available to talk with them. We saw a staff member seek support from a senior staff member and time and a room was made immediately available. Staff told us that it is easy to talk to their managers. A new staff member told us they had received a review which had covered how they were

"getting on" and feedback on their performance. A staff member told us that their review included the comments of those they provided support for. They told us that they found this supportive and that they felt appreciated.

Staff told us they are "spot checked" by a line manager to ensure that they followed safe practice. We saw staff training records including assessments of competency and we saw records of manager's spot checks. The registered manager used these spot checks to highlight any training for staff and to ensure people received care appropriate to their needs.

Staff told us that every time they supported someone they would always ask permission before doing anything and explain what it is they were doing. They were able to share with us examples of how they obtained consent. If consent was not given they would respect the person's wishes and ask if they could assist in any other way. Staff told us that they would keep the management team informed of any changes including when someone declines support. We saw records of people's changing needs and appropriate action from the registered manager. We saw records which detailed requirements from GP's, Dietitians and District Nurses. These records included updated contact details for all those involved in a person's care.

The registered manager told us that they assessed the person's capacity to consent to care and assisted them to make their own decisions when they first meet. They told us that this was reassessed at the point of any review or change in a person's needs. They also told us that if a person did not have the capacity to make a specific decision they would seek instructions from someone holding a power of attorney for health and welfare. The manager told us that when neither is possible they involve a multi-disciplinary team to make a specific decision to protect the person's human rights. We saw records of best interest meetings and changes to care plans to reflect these decisions.

Staff told us that during a period of hot weather they received regular text messages reminding them to prompt people to drink more when they visit and to always make sure that they can get more drinks after they left. Staff told us that the information from the registered manager was clear and easy to follow. We saw plans to assist people with dietary needs and any actions which staff must follow.

Is the service caring?

Our findings

One person told us, “The carers are excellent”. One person we spoke with described the carers as lovely. One staff member said that they, “Love to chat to people and can see the difference that they make”. The registered manager told us that their aim is to, “Provide quality empathic care tailored to each person’s needs”. They said that at the point of recruitment they had developed interview questions that measure the applicant’s attitude and values which mirrored their aim. The registered manager told us that they wanted to recruit only those with the “intention and ability to truly care”. One staff member told us they, “Love the interaction with people” and “I want to help them live happy for the rest of their lives”. Staff that we spoke with talked about the people they supported with respect and compassion.

The registered manager told us that the initial assessment was a meeting where a manager talked with each person to gather information in order to build a plan of care which reflected the person’s needs and preferences. We were told by the registered manager that during these initial assessments they asked about the person’s history and preferences so that they “got to know the person”. We saw care and support plans which were personalised to the needs of the person and reviewed regularly. These plans included consent to care and where this was not possible appropriate alternatives had been identified including the use of advocates and details of any best interest decisions.

People told us that they knew how to contact one of the managers or the office if they wanted. We saw that people were given a full pack of information including contact details for managers and other services should they need to get in touch. The registered manager showed us copies of information packs provided at the start of their involvement. The registered manager told us that this was to help people feel able to talk to someone whenever they felt the need and so that they feel involved in the care that is provided. We heard several phone conversations where people had phoned into the office and spoken to staff. One person had cancelled their call for later that day as it was not required. We saw a staff member check with this person that everything was “ok” with them and ask if they needed anything else.

A staff member told us that, “It doesn’t matter if it is just them and the person in the room privacy and dignity has to be observed at all times and that everyone is an individual”. They told us that they will always ensure that the person does as much as they possibly can for themselves to make sure they maintain independence and self-esteem. The manager told us that privacy and dignity are covered as part of the induction for all staff and that refresher training includes “how to care for clients maintaining their privacy and dignity” and techniques to ensure that care is respectful at all times.

Is the service responsive?

Our findings

People told us they were not always happy with the punctuality of staff. One person said, “They [staff] arrive late and when I ring the office they just say that they [staff] started late”. Another person told us, “Punctuality is not good at all; they can arrive 45 minutes late in the morning”. Staff we spoke with also told us that at times they did run late and when this happened they would ring the office. The registered manager told us that following concerns raised by people and the local authority about the lateness of people’s calls they had changed their alert systems. They were now able to see when staff were late for a visit and inform the person when this happened. This new system was still under review with the local authority so the registered manager was unable to comment on its effectiveness at the time of our inspection.

People told us that they were included in the planning of their care and with their reviews. Relatives told us that they were also invited to contribute. The registered manager told us that following the completion of the initial care plan a follow up visit with the person is done after seven days. At this meeting they went through the care over the last week and see if there are any changes that are needed. We saw that regular reviews take place and that these involve the person and where needed family or friends.

A staff member told us about someone, “Struggling to take their medication”. The staff member passed this concern to the registered manager who spoke to the person and also the GP. The registered manager told us that changes were made so that the person could then manage their medication.

The registered manager told us sometimes they had to assist someone at short notice and with limited information. When this happened they provided assistance with the information that they had. As they got to know the person they further assessed their personal needs and made changes where required. The manager told us that they will always seek further information from the person. We saw personalised care plans and reviews which detailed changing needs and new information. Staff members told us about the care people received and this was reflected in the care and support plans in their records.

The registered manager told us that when there is a change of need or a risk has been identified a review would take

place. We saw records of a review when additional care was provided for someone whose needs changed rapidly. The registered manager spoke to the local authority to arrange for an increase in the level of care for this person. We saw detailed care and support plans for people which were personalised to their needs and wishes.

People told us that if there were any issues or problems they had information on how to contact the office and were able to talk to a manager. We saw the registered manager acting on a concern from someone phoning into the office. The registered manager acted immediately, sought advice and fed this back to the person raising the concern. The provider had appropriate systems in place to address concerns at the earliest opportunity.

A staff member told us how someone had started to present behaviours which challenged them. They were able to raise this with their manager. We saw records which showed prompt action by managers. The registered manager told us what they had done in response to this concern and showed us the changes to the care plans. The registered manager showed us how they inform all staff members using a text messaging system. This system included responses from staff members to show that they had received and understood the changes. These changes were then assessed as part of regular reviews. Staff members were able to identify changes in people’s needs and the provider took action to meet these changing needs.

A relative told us that they had to raise a concern about one staff member to the managers. Following this they said that things were much better. The registered manager told us that they encourage feedback at all stages of their involvement with someone. We saw records of complaints and compliments which detailed action taken to resolve any issues.

The registered manager told us that as a result of a complaint from a relative about medication records a number of changes were made. These included retraining of staff and changes to documentation. A staff member told us that they have completed their medication training and that they understood the need for these changes so that recording errors were removed.

People were able to raise concerns and the registered manager had systems in place to respond appropriately to those concerns.

Is the service well-led?

Our findings

People told us that they were able to talk to a manager and make comments when needed.

People and relatives told us that they have received surveys which invited them to comment on the service that they received. One person told us, “I have had a visit from the registered manager”. The registered manager told us that following feedback one person requested more information about the support they were receiving. We saw that information was given to them and that the registered manager had made arrangements for this information to be provided on a regular basis. The registered manager encouraged open communication from people and from staff.

We saw plans were developed as a result of this feedback and actions had been identified with staff given activities to complete. The registered manager told us that one action was to increase the frequency of checks to monitor the quality of care provided. We saw records that showed us the management team had increased the frequency of these checks.

Staff told us that checks are completed by senior staff. Staff told us they found these checks to be helpful and the feedback they received was positive and it helped them improve practice. We saw records of quality checks which detailed recent changes to medication. Staff that we spoke with were able to tell us about these changes and how they changed their practice to keep people safe from recording errors.

Staff told us that if they ever needed help or support the management team, “Is always there”. A staff member told us that, “I can report anything without ever feeling afraid”. Another staff member told us, “There is always an out of hour’s manager that we can contact at any time we suspect anything or have a concern”. Another told us that they regularly received a “thank you” from the manager and that

they felt appreciated and part of a team. The registered manager was aware of the day-to-day culture, attitudes and values of staff. They were able to share the strengths of the service and things that needed improving. These included a more robust system to alert them of late calls and more frequent quality checks. These changes are currently being reviewed and the registered manager was not able to comment on the effectiveness of these changes at the time of our inspection.

The registered manager told us that previously they experienced difficulty in accessing training for their staff and that the wait was excessive. As a result they developed a “sister company” that they now use to provide training to staff. The registered manager said that this had reduced the waiting times for training. Staff had greater access to resources to develop their skills to assist people.

Staff told us that they had regular contact from the registered manager. A staff member told us this was useful and it helped them feel part of a team even when working on their own. The manager told us regular newsletters for staff were sent to them keeping them informed of any changes in the organisation which included the carer of the month. The registered manager told us that they had developed the carer of the month scheme to reward staff who have “shined and gone up and above” what is expected. This was based on feedback received from people using services as well as the registered manager’s observations.

The registered manager told us that as well as recruiting people with the right values they attempted to attract staff with diploma level two and three in health and social care. The registered manager told us they were encouraging all existing workers to undertake diploma two or three in order to encourage them to stay with the company allowing staff to build on their existing training. This would assist in making a better skilled and more consistent staff team who would have greater knowledge to support people.