

Just Homes (Care) Limited

Just Homes 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

The inspection of Just Homes Care took place over 26 and 27 June 2017 and was followed on 29 June 2017 by calls to people using the service. The inspection was announced as we needed to ensure someone would be in the office. The service had moved location and so this was the first inspection under the new registration.

Just Homes Care provides personal care for older people and people with a learning and/or physical disability living in their own homes and in supported living environments. The supported living homes were managed differently as some had staff for a 24 hour period and others relied on the Carelink alarm after 11pm. This arrangement was discussed with all people in these homes prior to implementation and agreed by all relevant parties.

There was a registered manager who had been registered since June 2016 although involved with the service for a longer period. 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 felt safe with the staff who supported them and staff had a good understanding of what may constitute abuse and how to report such concerns.

Risks were managed on an individual basis, ensuring people faced a reduced likelihood of harm.

Staffing levels were appropriate and we saw rotas were covered meaning people received support in a timely manner. Medication was administered safely in line with current guidelines and staff were able to explain the procedures well.

Supervision and training was offered to all staff on a regular basis and this was enhanced by observations of their practice. These methods of individual support ensured all staff had a sound knowledge base and the observations demonstrated the learning was implemented.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw people were encouraged to make healthy eating choices where this was in their best interests and staff supported with appropriate pressure care. External agency support was accessed as required and Just Homes Care worked alongside other care agencies in providing joint support packages.

People and their relatives were complimentary of the staff and spoke highly of the support they received. Their privacy and dignity was respected and staff were very aware of the importance of ensuring

confidentiality.

Care records provided accurate guidance for staff to enable them to support people safely and effectively and were regularly reviewed.

The service had received many compliments and no complaints although people knew how to raise concerns if they so wished.

The registered manager had a clear vision and direction for the service and was assisted by an effective management team with a supportive registered provider.

Quality assurance procedures were under regular review to ensure they provided the necessary information to evaluate the effectiveness of the service and highlight any areas for improvement. The processes in place showed the service was operating in a positive manner meeting people's needs as they wished them to be met.

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.

People felt safe and staff knew how to report any concerns appropriately.

Risks were effectively managed and staffing levels met people's needs well.

Medication was administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had access to regular supervision and were supported with regular training.

People were supported in making choices where this was needed in line with the requirements of the Mental Capacity Act 2005.

Staff promoted healthy eating for people and understood how to provide appropriate pressure care.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively of the conduct of staff who were helpful, kind and caring.

Staff knew people well and respected their preferences and wishes in regards to care delivery.

Is the service responsive?

Good ●

The service was responsive.

Care records were person-centred and reflected people's needs.

There was a complaint procedure in place which people were

aware of.

Is the service well-led?

Good ●

The service was well led.

The registered manager was supported by a highly knowledgeable and effective staff team who all shared a common vision.

Quality assurance processes were robust and the registered manager constantly sought to improve the service by listening and responding to feedback.

Just Homes 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 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.

This inspection took place on 26 and 27 June 2017 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 one adult social care inspector and an expert by experience. On 29 June 2017 telephone calls were made by the expert by experience to people using the service 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. The expert by experience we used had knowledge of community based services for people.

We had not requested a Provider Information Return (PIR) before this inspection. 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 checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with five people using the service and four of their relatives. In addition we spoke with seven staff including two care workers, one care co-ordinator, the care manager, the training co-ordinator, the office manager and the registered manager.

We looked at four care records including risk assessments, three staff records including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

People told us they felt they were safe with the care workers. This view was echoed by their relatives. One person said, "They look after me well. They always turn up. I get different people but they are all nice." One relative we spoke with told us, "I have no worries about their safety. They all seem to know what they are doing and have a nice manner." A different relative said, "They are very safe with them. They try to mobilise their legs as much as they can."

We spoke with staff and asked if they thought people were safe. One care worker told us, "I have recently raised my concerns regarding the changing needs of one person and the manager has immediately contacted the local authority social work team and the occupational therapy team to arrange an urgent re-assessment of their needs." They continued, "All care staff know what they are doing and are confident in their roles. I would have no hesitation in raising a concern if necessary." A different care worker was able to explain the procedure for reporting concerns and explained this could include injuries to people, the risk of self harm or people arguing with each other.

We checked safeguarding records and found concerns were reported and investigated thoroughly. Where disciplinary action was required this was taken and referrals to other regulators made as appropriate.

Accidents and incidents were logged in date order and according to location citing the details of what happened. There was evidence of appropriate action having been taken such as requesting medical intervention or staff implementing their knowledge around managing behaviour which may challenge others. Incidents were reported to the office within two days and overseen by the care manager. Each incident had its own record in addition to the overall monthly summary analysis which enabled the registered manager to identify any recurring themes or consider if any further action was necessary. We saw in one incident the recommended action was reflective observations to be conducted for both care staff and we saw this had been completed two days after the event meaning the likelihood of further incident was reduced significantly.

Every record had been considered by the care manager or the registered manager to see if further training for staff was required, whether risk assessments were still pertinent and if any learning needed to be shared across the organisation. We saw evidence of risk assessments having been completed as a result of one incident which provided detailed guidance for staff to follow. This showed the registered manager had a clear understanding of the importance of reflecting on where things could be improved.

The service managed risk through generic and person-specific assessments. Generic risk assessments provided guidance for staff on common areas of risk such as slips, trips and falls, lone working, moving and handling and keeping people safe from harm. Each aspect described who it may affect, the hazards posed and existing controls to minimise the risk. Person-specific risk assessments included an initial assessment which was regularly reviewed. Staff were encouraged to report near misses and share information to minimise future likelihood of incidents.

People who required assistance with moving by the use of equipment had a detailed assessment outlining the method and sling type or handling belt required. These were created in line with assessments from occupational therapists and regularly reviewed. Staff were instructed to check the condition of equipment before its use each time. One care worker told us, "All risk assessments and care records help us to reduce the risks for people and give us guidance such as to which equipment to use." Risk assessments reflected the use of individual pieces of equipment. Guidance was also available for staff when assessing pressure areas and included how to minimise the risk of skin damage by correct positioning of people where they were unable to mobilise themselves. We also saw risk assessments for other specific health conditions, the use of specialist bathing equipment, percutaneous endoscopic gastrostomy (PEG) feeding regimes, medication and activities in the community.

One care worker told us they felt there were enough staff and rotas were fair. They were not aware anyone had ever been left without care and for people in supported living there were particular staff teams ensuring consistency as much as possible. Another care worker echoed this saying their shifts were manageable and rotas were always covered. We checked rotas and saw the service had implemented a two week rolling rota wherever possible to ensure consistency of staff. The electronic system highlighted where there were gaps which ensured the co-ordinator had time to arrange cover. We saw, for people receiving support in their own home, time was allowed between calls to enable travel between locations. The registered manager and other office staff provided cover if necessary during sudden absence of staff.

We asked how missed and late calls were monitored. The co-ordinator told us missed or late calls came to the office's attention when people rang as only one person had an electronic logging in/out system. They felt confident all people would ring the office as everyone receiving support in the community had the mental capacity to do so. They said staff were reliable in informing the office if they were running late and then calls were made to people in this instance apologising for this. They also said daily notes were submitted to the office at regular intervals and once these had been checked were scanned onto the system. These were a source of information as well in ensuring call times reflected the agreed care plan.

We looked at staff recruitment records and found the service was ensuring staff were subject to the appropriate scrutiny. Interview notes were comprehensive and asked relevant questions. References were obtained and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

One care worker told us they had been observed administering medication, "I was checked to see if I wore gloves and an apron, changed my gloves between different cream applications and was following the person's medication administration record." Another care worker was also able to explain the process they follow when administering medication and what action they would take if a person refused. We saw competency checks for all staff administering medication. One care worker explained some people could present with more complex behaviour but medication was only ever used as a last resort to calm people down as "we like to try and support them first by offering people a quiet place." One care worker also told us they had received specialist training for specific pieces of equipment such as the cough assist machine.

One care worker explained, "We have plenty of personal protective equipment available and always wash our hands before any task."

Is the service effective?

Our findings

People felt care staff were competent in their role. One relative was keen to tell us, "If [name] starts getting upset about things they use distraction techniques with them which works, I think, because [name's] concentration levels are very poor." Another relative said, "I think they do their best. I can't say more than that."

One care worker told us, "I got to shadow first and visit with other staff so I could get to know the person." We saw evidence of induction training which included an explanation of the role and expectations, training in core areas such as medication, health and safety, infection control and mental capacity. Each induction pack had a section for completion of the staff member's notes and comments by their line manager.

Supervision with staff within the supported living environments was completed at six weekly intervals by the co-ordinators where specific topics were discussed to ensure all staff had understood recent changes or initiatives. Staff in the community received their supervisions from the training officer. Each session had a set agenda and allowed time for two way discussions between staff and manager. All staff were given copies of these meeting minutes and they were signed and dated by staff and manager. Topics discussed included the complaints policy, equality and diversity, person-centred care, safeguarding and discrimination. An outline of the discussion was recorded and staff's comments noted. Staff also had the opportunity to raise any concerns and discuss where things had gone well.

All staff had at least three observations completed annually to ensure they were working to the required standard. This provided line managers the opportunity to assess their practice and offer constructive feedback where development was needed. Staff told us they were happy with this approach and one care worker said, "It's so I know I'm doing it right" which provided reassurance for them. We saw these records gave information about what had been observed, the manner in which support had been offered and delivered, and feedback was given to the member of staff post observation enabling them to reflect on their performance. The observations were linked to the Care Certificate which is a set of minimum standards for all new care workers to adhere to and observed the care worker performing different duties such as supporting with personal care or administering medication.

Staff also received annual appraisals allowing them the opportunity to consider their own performance and review their feelings towards the support they received which was then supported by their manager comments. Where further training needs were identified, these were actioned accordingly.

Staff received all required training such as moving and handling, medication administration, health and safety, food hygiene and managing behaviour that challenges. Where required, more specialist training was also offered such as diabetes management, epilepsy and PEG feeding. One care worker told us, "Training for moving and handling takes place in the person's own home so we use their equipment. We experienced what it is like to be rolled and hoisted." They also said, "Managing challenging behaviour training included trying to calm the person down, knowing what to say and what not to say, and ensuring the safety of others." This showed the training had been thorough and relevant to a care worker's role. The service had a

training officer who delivered much of the training and ensured it reflected current practice and legislation.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We asked staff how what they understood by the term 'mental capacity' and one care worker told us, "It's the person's ability to make their own decisions. People should always have choice." Another care worker was more vague in their description but still understood people should be supported to make as many choices as possible. They said, "I give them every option and outcome. It is broken down and explained." One care worker spoke with us about a person they supported who preferred to remain in bed. They were very clear they were not in a position to force this person up but would try and encourage them pointing out the risks of remaining in bed. One person told us, 'I like the (carers) very much. They take me to the shops and they do the shopping but they ask me what I want and then they buy it for me.'

It was evident in care records the application of the MCA was fully understood as in one record we read which stated, "For more complex decisions I will need support from my advocate, social worker etc to ensure I have the correct information in a way that I understand. However, I may need a best interest meeting if it is proven I have not processed the information given." There was a detailed mental capacity assessment in place which recorded the discussion around whether support was needed to access community activities.

We saw evidence in daily notes, care records and audits about how staff were to support people with healthy eating plans. One care worker explained, "When we go shopping with people we encourage them to look and buy fruit and vegetables, and discuss how they can use them in their meal plans." Risk assessments were in place for people with more specialist dietary needs such as a soft diet.

People told us staff normally organised doctor or hospital appointments when needed. Staff spoke with us about their close relationship with the community nursing service who supported people with more complex needs, especially in regards to pressure care. We saw evidence in people's care records of regular appointments with the GP, dentist and optician among others.

Staff told us communication was good. One care worker said, "We use a communication book and all key information is in this. All staff to sign they have read and understood the information in it."

Is the service caring?

Our findings

People told us carers were kind, compassionate and respectful. One person said, "I get different people but they are all nice." Another person told us, "They are all very kind hearted people. I think they really do care about what they are doing." A further person said, "There are different ones but I don't mind. They help me to do everything."

Relatives were equally positive. One relative told us, "'Nobody involved has ever said no. They try to go the extra mile for [name]." We saw in one record a person had been admitted to hospital but staff continued to visit them in hospital to provide familiarity and support to the person.

People said that staff were respectful and polite and observe their relatives' rights and dignity.

Staff were able to discuss various measures they would use to preserve people's dignity and promote respect. One care worker stressed, "I only treat people how I would my own mum or other family. I would be happy for my family member to receive care from this service." Another care worker spoke with us about the importance of explaining what they were doing and why so the person receiving support was aware and able to respond.

One care worker explained, "When a new person starts with our service we discuss their care provision with the care manager, social worker and family where relevant. We seek a group agreement as to what is wanted and needed. All these details are then kept in the care records in people's homes." This showed the service was keen to ensure people had their needs met in a way which they were happy with.

One care worker was aware of one person who had recently been fasting and explained this was documented in their care record. Another care worker spoke with us about a person who enjoyed reading their Bible and attending church services regularly. This care worker was also able to use Makaton, a sign language for people with limited verbal communication. They said they learnt each person's own word patterns to improve communication.

We asked one care worker how they understood what was important to the person they were supported and they told us, "I speak to them, read their care plan and speak to their family and visitors."

Is the service responsive?

Our findings

One person told us, 'It's always up to me what I want to do.' Another person said, "They come in the morning and stay until 7pm. We go shopping and they drive my car." A further person was keen to say, "They take me to Rumba and I do some riding on an exercise bike every week."

One relative also endorsed the view people's choices were respected. "It's hard to know what they want because they can't speak but they seem to manage. They take [name] out as well which is important because I can't do it." One relative told us, "They went through everything at first, I think they called it a needs assessment." One person also said, "I like to have my music on and they ask me what CDs I want to play. I like it loud and they don't mind."

Some care support was provided in conjunction with other agencies or people's personal assistants. This was evidenced in care records and clear boundaries written. The registered manager advised the care manager attended any multi-disciplinary meetings where necessary, especially if the person was new to the service to aid the transition.

One care worker told us, "Care records are all about the person. We have their background information and they tell us what we need to know, and how to support the person. We have to tell the office if their needs change." They also told us communication books were used so anyone could have leave relevant information for other people and this included family members.

We looked at care records and found them to be person-centred. People's daily routines were noted in depth providing very specific guidance of staff to follow in relation to each area of support. Each care file contained information about key contacts, assessment of needs, medication support, risk assessments, personal emergency evacuation plans and monitoring and reviewing information among other areas. It was evident in each care record how much support each person needed from staff including the person's ability to make their own decisions and guide staff.

Where specific care tasks had identified a level of risk, there was a corresponding risk assessment in place. This was supported by a checklist to ensure no areas were missed. Care records detailed people's preferences including how they liked their drinks, communication method, the required pressure care routine including specific timings where care was delivered over night and also information about pertinent medical conditions with guidance for staff to follow if such concerns arose. Other aspects of care support was also covered such as diet and nutrition, mobility, activities (where applicable) and relationships. Plans were written in the first person and demonstrated how care support was to be offered to people. Daily notes were detailed and signed by person using the service wherever possible to indicate they were an accurate record.

We saw evidence of regular review visits although people's or family views were not routinely recorded. The registered manager agreed to ensure this happened in the future. Visits occurred at least twice yearly to review documentation in the person's home and amend if their needs had changed. On one person's review

it was recorded, "[Name] is happy with all care and staff."

One relative told us, "I have no complaints about the care they are getting." The complaints procedure was available to all people using the service as copies were placed in their personal file. This included an easy read format for people with communication difficulties. People told us they understood the complaints procedure and said they knew what to do if they had any concerns or complaints about the service. We saw evidence of compliments through thank you cards and letters of appreciation.

Is the service well-led?

Our findings

One relative said, "There are no problems at all with Just Homes. I only hope they don't get moved from where they are because I don't know what would happen and I'm getting older. I don't let them bring [name] here to visit because it's too upsetting that I can't look after them but they do understand that so they arrange for me to speak to [name] on the phone every day."

One care worker said, "I really enjoy my job. There is always someone available if I have any concerns and messages are always followed up." Another care worker told us, "I feel able to raise anything. I do enjoy my job and I get support. It has been great to see people increase in confidence with their independence due to the use of the alarm overnight instead of staff on-site." A further care worker told us, "The managers are always available and have never refused to speak to me."

Just Homes Care had a robust quality assurance process. This included regular house audits in addition to specific audits of people's care records. The house audits were applicable to the supported living environments and incorporated checks on daily reports, house meetings with people living in the home, relevance of risk assessments, fire drills, environmental safety and medication among other areas. Checks of staff files for those working in each location were also audited at this time along with people using the service. At the end of each audit action points were noted and we saw these had been completed and dated by the registered manager, often only days after being noted. Details, such as ensuring people new to living in the supported living environment had been part of a fire drill, were identified and actioned promptly.

Audits for people receiving support in their own homes were more limited but included the regular staff observations, the audits of care records within people's homes by the care manager and regular checks of daily notes to ensure support was being offered as required in relation to time of call and tasks undertaken. Following the inspection the registered manager shared with us a more robust audit system which incorporated a 12 month rolling programme to ensure all people using the service had a specific check alongside the existing ones, and weekly telephone calls to a random sample of people in the community to check timeliness of calls and conduct of staff. We saw the review process had become more reflective of people's views and provided specific evidence of person-centred care delivery.

We saw evidence of regular staff meetings which discussed recent and forthcoming training and the staff's view of its effectiveness, progress of people using the service in meeting their objectives, staff rotas and new policies. Staff were also thanked for their support and dedication, and a reward card distributed. This showed how the service valued its staff and wanted to show its appreciation in a practical manner. Meetings were also organised for co-ordinators to discuss specific topics such as sickness management and necessary recruitment practices.

We asked staff what they thought the values of the service were. One told us, "It's to try and promote independence and ensure people remain in their own home as long as possible." Another care worker said, "We try and help people and offer support. I know I'm doing OK when a person smiles at me and is happy to see me." The registered manager told us, "I want people to be as independent as possible and to be a part of

their local community. I want the service we deliver to be as happy and consistent as possible."

The registered manager felt very supported by the registered provider who visited often but allowed the registered manager to manage, and also the office team who were all competent in their roles. They said, "They are a very good team who will support each other and offer help if needed." We asked what the key risks to the service were and they felt it was just ensuring they continued to improve.

We asked staff how they knew they were doing a good job and one care worker told us, "I have regular observations which helps give me confidence and feedback from people is positive." The registered manager felt good practice was endorsed by the regular supervisions and observations staff received, the staff meetings, and by speaking regularly to people using the service and their relatives. A service user survey from September 2016 showed 100% of people who responded would recommend the service to others. The analysis stated, "The overall feedback from service users was Just Homes Care are providing the service they want by understanding their care needs and keeping them safe. All service users stated that staff are friendly, polite and respectful at all times."

The registered manager had created a yearly planner which outlined key tasks to be completed each month. This approach ensured all areas were covered and progress was continually monitored. There was also a yearly survey sent to all staff to gauge their opinion on the support they received and the last one from July 2016 provided favourable feedback with suggestions for improvement which we saw had been actioned.

The registered manager had recently begun an 'employee of the month' scheme where all co-ordinators nominated a member of staff to receive a small reward and recognition of their input. Even if people were not the recipient, their letter of nomination was shared to promote recognition of their involvement and staff morale.