

J & K Care Specialists Limited

# J & K Care Specialists

## Inspection report

The Old Post Office  
New Street  
Basingstoke  
Hampshire  
RG21 7DE

Date of inspection visit:  
02 February 2016  
03 February 2016  
04 February 2016

Date of publication:  
27 April 2016

### 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

This inspection was announced and took place on 2, 3 and 4 February 2016. J & K Care Specialists provides a domiciliary care service to enable people living in the Basingstoke and the surrounding areas to maintain their independence at home. At the time of our inspection there were 110 people using the service, who had a range of health care needs. Some people were being supported to live with dementia, whilst others were supported with specific health conditions including epilepsy, diabetes, sensory impairments and mental health diagnoses. At the time of the inspection the provider deployed 100 staff to care for people and meet their individual needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they were supported by staff they could trust, who made them feel safe. Relatives told us they had no concerns for the safety of their family member because there was good continuity and consistency of care from staff who were committed to the people they supported.

People were protected from abuse because staff were trained and understood the actions required to keep people safe. There had been three incidents since our last inspection, which had been referred to the local safeguarding authority. These incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. People had been safeguarded against the risk of abuse by staff who took prompt action if they suspected people were at risk of harm.

Risks associated with people's care and support needs were identified and managed safely to protect them from harm. We observed staff support people safely in accordance with their risk assessments and support plans. Risks affecting people's health and welfare were understood and managed safely by staff.

Daily staffing needs were analysed by the registered manager to ensure there were always sufficient numbers of staff with the necessary experience and skills to support people safely. Staff told us there were always enough staff to provide the required support, which we observed in practice. Resilience to cover unforeseen absence was provided by office staff who had all completed the provider's required training and regular bank staff.

Staff had undergone robust pre-employment checks as part of their recruitment. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

People received their medicines safely, administered by staff who had completed safe management of medicines training and had their competency assessed by the registered manager.

The provider supported staff to meet people's needs with an effective programme of induction, supervision and appraisal. The provider's required staff training was up to date and refreshed regularly to ensure staff had retained and updated the skills and knowledge required to support people effectively.

People were supported to make their own decisions and choices. Staff supported people to identify their individual wishes and needs by using their individual and unique methods of communication. People's human rights were protected by staff who demonstrated clear understanding of guidance and legislation relating to consent and mental capacity.

People were supported to maintain a healthy balanced diet by staff who understood their dietary preferences. We observed people supported appropriately to ensure they received sufficient to eat and drink.

Staff recognised when people were unwell or upset, and took prompt action to promote their health and wellbeing. The registered manager had ensured people were referred to relevant health professionals where required. The service worked effectively with a range of health care professionals to ensure people's health care needs were met.

Staff had developed trusting relationships with people and spoke with insight about peoples' needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them.

During home visits we observed relationships between people and staff, which were warm and caring. People and staff had two way conversations about topics of general interest that did not just focus on the person's support needs. We observed staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare and feelings. People were supported by thoughtful staff who treated them with dignity and respect.

People were involved in developing their care and support plans, which were personalised and detailed their daily routines. The registered manager was committed to ensuring people were involved as much as they were able to be in the planning of their own care.

People told us how they had been supported to access their local community, which was confirmed by staff and records. There was guidance for staff about how to support people to promote their independence and maximise the opportunity to do things of their choice.

People's needs were assessed and regularly reviewed to ensure their care and support was responsive to changes identified. Support plans and regular reviews documented the support and care people required, and how this should be provided in accordance with their wishes. Records accurately reflected people's needs and were up to date. Staff were provided with necessary information and guidance to meet people's needs. People's and staff records were stored securely, protecting their confidential information from unauthorised persons.

The service was well led. The senior staff provided clear and direct leadership and effectively operated systems to assure the quality of the service and drive improvements. Feedback from people, their relatives, and staff was sought to identify changes required to improve the quality of care people experienced. The provider's audits were used to review changes implemented, and ensure all required actions had been taken.

## 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 had received safeguarding training and had access to relevant guidance. When safeguarding incidents had occurred they had been correctly identified, reported and acted upon.

Risks to people were identified and effectively managed by staff to ensure people's safety.

There were sufficient numbers of staff deployed to meet people's needs safely. Staff had undergone thorough and relevant pre-employment checks to ensure their suitability to support people in their homes.

People were protected against the risks associated with medicines by staff who administered their prescribed medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and supervision to enable them to support people's assessed needs effectively.

People were supported to make choices and decisions by staff who understood legislation and guidance relating to consent and mental capacity.

People were provided with nutritious food and drink of their choice, which met their dietary requirements.

Staff were alert to and aware of changes in people's needs. Staff ensured people accessed health care services promptly when required and were supported to maintain their health and well-being.

### Is the service caring?

Good ●

The service was caring

Staff showed concern for people's wellbeing in a caring and meaningful way, and responded to their needs quickly. Staff were kind, compassionate and treated people with dignity and respect.

People's records included information about their personal circumstances and how they wished to be supported. Staff were knowledgeable about things people found difficult and how changes in daily routines affected them.

People were actively involved in making decisions about their care. Staff had supported people to make advanced decisions and ensured the necessary information was effectively recorded and readily available to health professionals if required.

### Is the service responsive?

Good ●

The service was responsive.

People's care was personalised and based on their wishes and preferences. Staff understood people's specific needs and provided care in accordance with their wishes.

Staff listened to people's views and responded to them on a daily basis. There were processes in place to seek feedback from people, families and staff about the quality of the service.

Complaints were promptly responded to by the registered manager, in accordance with the provider's policy. Learning from complaints was used by the manager to drive improvements in the service.

### Is the service well-led?

Good ●

The service was well-led.

The provider promoted a positive culture within the service based on open and honest communication between people, their relatives and care staff. Care staff understood the provider's values and practised them in the delivery of people's care.

The registered manager and senior staff provided clear and direct leadership to staff, who understood their roles and responsibilities. Staff spoke positively about the leadership and support provided by the management team.

The management team effectively operated quality assurance systems to monitor the quality of service being delivered and to drive improvements.

# J & K Care Specialists

## 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.

The inspection took place on 2, 3 and 4 February 2016 and was announced. The provider was given 48 hours notice of the inspection to ensure that the people we needed to speak with were available. The inspection team consisted of one inspector and an expert by experience. 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 had personal experience of community services.

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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider's website.

Prior to our inspection, we requested feedback from people supported by this service, their relatives, and staff working for J and K Care Specialists. We considered and investigated comments shared with us regarding people's care and support during our inspection.

During the inspection we spoke with the registered manager and the provider's nominated individual, who has overall responsibility for supervising the management of the service. We also spoke with the senior care coordinator, two care coordinators, the training coordinator, the finance administrator and 16 staff.

We visited seven people in their homes. We spoke with people and their relatives about their care and looked at their care records. We observed some aspects of care, such as staff preparing people's meals and supporting them to move. During the home visits we spoke with three further care staff.

Our expert by experience spoke with a further 34 people on the telephone to find out about their experience

of the quality of care provided by the service. Following the home visits we spoke with three health and social care professionals.

We reviewed 16 people's support plans, including daily records and medicines administration records (MARs). We looked at ten staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service.

The service was last inspected on 30 October 2013 and no concerns were identified.

# Is the service safe?

## Our findings

People told us they were safe and experienced excellent continuity of care, from reliable staff who knew them well. People and relatives told us they could speak with staff or the registered manager if they were worried about anything and were confident their concerns would be addressed. One person told us, "I have been receiving care in my home for over 27 years and this is the best agency I have had. I get the same carers who are reliable, and know my needs. If something's worrying me or not right I tell them and it is sorted out."

All of the people and relatives who responded to our pre inspection questionnaire said people were safe and protected from any abuse or harm. Staff who responded indicated the provider ensured their safety at work by effectively implementing their lone worker policy.

Staff had received safeguarding training and knew how to recognise and report potential signs of abuse. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation if necessary. Staff told us they had access to safeguarding policies and relevant telephone numbers to enable them to report any safeguarding concerns. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Staff demonstrated clear knowledge of the provider's whistleblowing policy and procedures. Records showed that since our last inspection three safeguarding incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance. People were kept safe as staff understood their role in relation to safeguarding procedures.

People were protected from the risks associated with their care and support because these risks had been identified by the provider and managed appropriately. Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. There were measures in place to facilitate people in a way which promoted their independence and kept them safe. Risk assessments were centred on the needs of the person and gave staff clear guidance to follow in order to provide the required support to keep them safe.

Staff were able to demonstrate their knowledge of people's needs and risk assessments in relation to specific health needs, communications, behaviour, medicines, pain, personal care, skin care, mobility and social contact, which was consistent with the guidance contained within people's care plans. Staff supported people safely with their moving and positioning needs. Staff had received appropriate training in safe moving and positioning techniques and had had their competency assessed by the provider's training coordinator. The training coordinator told us where people were supported with moving equipment a risk assessment identified their needs, how they should be met and any necessary training. Staff had been trained in the use of people's individual support equipment. We observed staff using people's personalised support equipment safely and in accordance with the guidance within their care plans. One person told us, "I need to be moved in a specific way and carers have to get to know me first. They can't just turn up read my care plan and expect to know what to do. That's why I'm blessed with my regular carers who know exactly what support I need and more important how to do it with me."



Staff understood the risks to people and followed guidance to protect them. Where skin assessments identified people were at risk of experiencing pressure sores staff had received guidance about how to reduce these risks to prevent their development. We observed that pressure relieving equipment was being used in accordance with people's pressure area management plans. People who required the application of cream to prevent pressure sores told us staff did this in a way that caused them the least discomfort. One person told us, "The carers are very good because sometimes I just don't want to move but they are so gentle and know how to support and encourage me." When required the service informed relevant health professionals, such as the district nursing team, so that the person's changing support needs could be reviewed as a matter of urgency and plans could be put in place to keep them safe. The risks to people from pressure sores were managed safely.

Where people used an emergency lifeline to ensure their safety at home this was documented in their records. People were wearing their lifeline alarms during our home visits and told us the staff always checked them before leaving, to ensure people could summon assistance if required. Staff told us there was a 24 hour on-call system to ensure people could speak with the management team at any time. We observed the contact number clearly displayed in people's support plans kept in their homes.

The provider had procedures in place for dealing with emergencies which could reasonably be expected to arise from time to time. We looked at the provider's emergencies policy and noted that all care staff had been given training and written instructions on how to deal with different types of emergency, which records confirmed. Where people experienced health conditions which may require support in an emergency the support required was clearly detailed within the support plans.

The registered manager told us that consistency of care was important for everyone they supported, but particularly those with complex needs or diagnoses with associated anxieties. Daily rotas confirmed that people experienced good continuity of care from regular care staff. The registered manager told us they completed a weekly staffing analysis to ensure there were sufficient staff available to meet people's needs. Rosters demonstrated that the required number of staff to meet people's needs was always provided. For example people who required two staff to support them to move safely told us staff always arrived together which meant there was no delay in the provision of their care. One person told us, "I have had other agencies where carers turn up at different times and sometimes leave before the other one gets here. The girls from J&K always arrive together which makes you feel safe."

All of the office staff had completed the provider's required training which provided resilience to cover unforeseen staff absence, together with regular bank staff. The registered manager told us they would not take extra care packages if they did not have staff available to meet people's needs safely. This meant the service ensured there were sufficient numbers of suitable staff to keep people safe and meet their needs.

New staff shadowed more experienced staff upon commencing work for the provider; this was confirmed both by staff and records. This enabled them to learn about their role and the specific needs of the people they would be supporting.

The provider had an on-going staff recruitment programme. Robust recruitment procedures ensured people were supported by staff with the appropriate experience and character. Staff had undergone relevant pre-employment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Suitable references confirmed the details staff had provided and proof of their satisfactory conduct in previous health and social care employment. Recruitment files showed that a

thorough system was in place for pre-employment checks and the required records were available to confirm these had taken place.

People's medicines were administered safely by trained staff. Staff told us they had received medicines management training which was updated and their competency was assessed by the provider's training coordinator. Training records confirmed staff had received required medicines management training. Staff told us they felt confident managing medicines and that their training had prepared them to do this. People told us that staff supported them where necessary with their medicine, in accordance with their care plan. Appropriate arrangements were in place in relation to obtaining, storing and disposing of people's medicines safely. We reviewed people's medicine administration records (MAR) and saw staff had signed to record what medicine had been administered. If a medicine was not administered, the reason for this and any action taken as a result were recorded.

## Is the service effective?

### Our findings

People made positive comments about the effectiveness of the service. They told us they believed staff were well trained because of the quality of care they provided. One person told us, "I have a lot of chronic conditions affecting virtually every part of my body, so my carers need to be very well trained. My carers are excellent." A relative of a person with complex needs told us, "The staff all know what they are doing. If you saw them you would think they were nurses." People and relatives said staff had the necessary skills and knowledge to provide the support required and delivered care in accordance with people's support plans.

Staff had completed an induction course based on nationally recognised standards and spent time working with experienced staff before they were allowed to support people unsupervised. This ensured they had the appropriate knowledge and skills to support people effectively. Staff told us their induction programme gave them the skills and confidence to carry out their role effectively. The registered manager and training coordinator told us the service was in a transition period, linking the induction process to the new Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

New staff completed regular support meetings with the management team and training coordinator during their induction programme. These ensured they had received the appropriate training and preparation for supporting people in their homes. Staff had received the required training for the role for which they had been employed. These subjects included moving and positioning, food safety, safeguarding, cleanliness and infection control, person centred care, dementia awareness, communication, medicines management and first aid. Staff had specific training and had their competency assessed to deliver more complex care, such as urinary catheter management, by the provider's training coordinator. Where people displayed behaviours that may challenge others, training had been arranged to ensure staff had the skills required to manage these safely. Staff had undertaken effective training to support them to deliver safe care to meet people's needs.

We reviewed the provider's computer records which demonstrated that required training was up to date. Training delivery was reviewed regularly by the registered manager and training coordinator and scheduled on the provider's computer system. This ensured that staff were supported to gain and maintain the skills required to meet people's needs.

Staff told us that they felt confident that their induction and training had prepared them to deliver support in accordance with people's care plans. Staff told us that the training provided by the service was very good. Staff with experience of other provider's training told us J&K's training was better because "It was fun" and the trainer was "So keen and enthusiastic which really made it interesting and worthwhile." Staff training records included an evaluation of the training subject to ensure staff had understood what they had learnt and would be able to put it into practice when working with people. For example, one section of this evaluation asked staff to describe one thing they would do differently as a result of the training. The training coordinator explained how they analysed the training evaluations and assessments to identify areas which could be improved. The provider's training was regularly evaluated so it was continually improved and

developed to ensure staff were enabled to support people effectively.

The training coordinator told us that they had prioritised the training programme to ensure all staff had updated their moving and positioning and safeguarding and training. The provider was responsive to requests from staff when additional training needs were identified to increase their knowledge. For example, in relation to dementia awareness and mental health diagnoses. Staff had received appropriate training for their role.

The service had an effective system of supervision in place. Staff told us they had received a quarterly supervision and spot check, where their care practice was assessed by senior care staff. They also told us they had received an annual appraisal or that one had been arranged. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us that the registered manager encouraged staff to speak with them and they were willing to listen to their views. Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities.

The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA 2005.

Records confirmed that staff had completed training in the Mental Capacity Act (MCA) 2005. The training coordinator had incorporated MCA 2005 training together with staff safeguarding training. Where people lacked the capacity to consent to their care, lawful guidance had been followed to make best interest decisions on their behalf. Staff demonstrated an understanding of the principles of the MCA 2005 and described how they supported people to make decisions. For example the staff had used local authority paperwork to record a MCA decision relating to a person's wish to go abroad on holiday.

People had a communication support plan, which recorded how information should be communicated to them and how to involve them in decisions. Where people required support to make a decision this identified people to consult about decisions made in their best interests. People were supported by staff who understood the need to seek people's consent and the principles of the MCA 2005 in relation to people's daily care.

Care plans detailed people's specific dietary requirements, preferences and any food allergies. People were supported to eat a healthy diet of their choice by staff who had completed training in relation to food hygiene and safety. Staff knew people's food and drink preferences and were able to tell us what action they would take if they identified a person to be at risk of malnutrition. One person praised the support they had received from staff in relation to their diet and physical activity. This person had lost a significant amount of weight which had a positive impact on all areas of their health and well-being.

Staff recognised changes in people's needs in a timely way and promptly sought advice from health professionals. We saw examples where staff had immediately sought advice from the registered manager or training coordinator when they had identified a change in people's needs, who then arranged support from relevant health professionals. During home visits two people told us staff called their GP immediately when they became ill, which we saw recorded in their daily notes. One person told us, "The carers sometimes know me better than I know myself. On one occasion I didn't want to trouble the doctor but they insisted and it turned out I had an infection." Another person told us how staff sensitively supported them when with

their emotional and psychological well-being, ensuring they were referred to relevant health professionals. They told us, "In my darkest hour J&K were there for me. Whenever I need them they are there for me."

People's records demonstrated the service had worked with a range of healthcare professionals in the provision of people's care including GP's, nurses, mental health professionals, physiotherapists and occupational therapists. People were effectively supported by staff to ensure their health care needs were met.

## Is the service caring?

### Our findings

Three people visited the office during our inspection and were warmly greeted by all of the office staff, who were able to engage in friendly conversations about their interests and wellbeing. The training coordinator engaged in conversations about people's hobbies and interest while also enquiring about their needs and support. One person told the training coordinator about their toy train collection and favourite biscuits while they were drinking a cup of tea. During this conversation they said, "I love doughnuts". They then smiled with delight when they were offered a doughnut from a box that visiting staff had brought in to share with the office.

During home visits one person told us, "I am almost bed bound so I rely on them. They never let me down and always cheer me up if I'm feeling low. They are the reason I am still here." We spoke with a relative of a person who had recently undergone eye surgery. They told us, "The girls are so wonderful, they visited (their loved one) in hospital to reassure her on their days off and have been so caring since she came home. They have really helped to build her confidence and encouraged her to go out."

Staff had developed trusting relationships with people and spoke with insight about peoples' needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them. People's preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed. Staff gave us examples about how they sought people's views in relation to their personal care. They also told us how people were encouraged to maintain their independence and how they involved and supported relatives.

People told us staff were caring and compassionate and treated them with respect. Staff had invested time to build positive relationships with people who enjoyed their company. During home visits we observed relationships between people and staff, which were warm and caring. People and staff had two way conversations about topics of general interest that did not just focus on the person's support needs. We observed staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare and feelings. People told us care staff always asked if they needed anything else at the end of each care visit. Where people had requested additional support it was always provided. One person told us, "All of the carers are so kind and friendly and if someone new has to come they are always introduced to me first by one of my regular carers." The service developed caring relationships with people and their families.

People and relatives, where appropriate, were involved in making their decisions and planning their own care and support. If they were unable to do this, their care needs were discussed with relatives or other representatives where required. People told us they were able to make choices about their day to day lives and staff respected those choices. The registered manager told us staff planned care with people and focused on the person's description of how they wanted their care provided. People's care plans noted their preferred method of communication and detailed what information they should give the person to support them. Staff knew about the preferences and dislikes of the people they were supporting. People's care plans

reflected how they wanted their care provided.

During our visits we observed people being treated with dignity and respect. People told us staff promoted their dignity by treating them as individuals, with kindness and compassion. Staff described how they supported people to maintain their privacy, for example by always knocking before entering and delivering personal care in their bedrooms or with curtains closed. One person told us, "The girls are very good and will do anything for me but always get me to do as much as I can myself and encourage me to do this when I'm feeling a bit lazy."

People and their relatives told us staff encouraged them to speak to them about their views and to be actively involved in making decisions about their care. One relative told us how it was important for staff to talk with their family member and listen to her needs and what she wanted at the time. They told us, "The care has improved dramatically in the last year, especially how the carers communicate with her. They are always talking and explaining what they are doing and there is lots of laughing and giggling. The carers make her feel that her care really matters to them."

People's care was provided by staff whose caring attitude had been assessed as part of their recruitment. The registered manager said if they had any concerns about a candidate's ability to care and listen to people, they were not offered employment, which was confirmed by records. The provider ensured compatibility by matching appropriate care staff to meet people's needs. People's diverse needs in relation to their age, gender, faith and disability were understood and met by care staff in a caring way. For example, staff demonstrated knowledge about a person's faith and how to respect their beliefs. We spoke with one person who had requested staff of their own age and gender as they enjoyed doing lots of physical activities in the community. They told us, "I like to walk everywhere, that's why I like (staff) because they like to come with me." The provider had ensured that where people had specific preferences in relation to the age or gender of staff sent to support them these were accommodated.

Information was kept securely and there were policies and procedures to protect people's confidentiality. There was a confidentiality policy which was accessible to people. Staff were aware of the importance of maintaining confidentiality and gave examples of how they did this. Staff told us it had been impressed upon them by the registered manager not to discuss people's care in front of others. The provider respected people's personal information which they treated confidentially.

People were supported to make advanced decisions and were involved in planning about their end of life care. One person praised the registered manager for their compassionate support to make sure appropriate information was readily available and highly visible to ensure their wishes regarding resuscitation were respected by health professionals.

## Is the service responsive?

### Our findings

People received person centred care that was responsive to their needs. Person centred care focuses on the needs of the person rather than the needs of the service. One person told us, "J&K have been absolutely brilliant since July when I raised a few issues. The carers really know how to respond when (family member) is anxious and the continuity which is so important is much better."

People and their relatives, when appropriate, had been involved in planning and reviewing their care on a regular basis. People said the service had involved them in decision-making about their care and involved the people they wanted to support them with important decisions, which records confirmed. People contributed to the assessment and planning of their care as much as they were able to. Relatives told us they were pleased with the way they were involved in care planning and kept informed of any changes by the service.

People's care records demonstrated their needs had been assessed prior to them being offered a service. The registered manager told us they were provided with an initial needs and risk assessment by the commissioning authority. Designated staff who had undertaken required training and had their competence assessed by the registered manager, then visited the person to complete initial needs and risk assessments. Where the person had more complex needs the provider's training coordinator was also involved in their assessments so support could be tailored to their individual needs. Staff told us these assessments took place before the service began to provide support to the person, which people and records confirmed. People then received a visit from the field care supervisor after six weeks to ensure the care being delivered met their needs. Records showed people's care and risk assessments had been reviewed quarterly and more frequently whenever their needs changed.

People were supported to have care that reflected their wishes in relation to how they would like to receive their care and support. Each person was treated as an individual. Staff got to know the person and the support they then provided was built around their needs. People, or where appropriate those acting on their behalf, told us their care was designed to meet their specific requirements. Care plans were detailed and personalised to support the person's care and treatment. One person we visited said, "The carers are excellent. J and K are the best care company I have had because the staff really care about you so they know when you aren't well and do something about it."

People and their relatives told us staff consistently responded to people's needs and wishes in a prompt manner. Staff were alert to people's communication methods and identified and responded to their needs quickly. During home visits we observed staff responded immediately when required, before people became distressed. Some people told us they wished to remain as independent as possible within their own home. One person told us, "We want to stay in our own home and J and K help us to do that. They are very good at getting me to do things for myself but will always help me if I am struggling." People gave their views about their level of independence and the provider had taken these into account in their care plans.

We saw that where people's needs had changed relevant health professionals were informed and consulted



immediately. For example, where people had developed an infection, required support managing pressure areas or with urinary catheter care. Staff provided care that was consistent but flexible to meet people's changing needs.

People told us how they had been supported to access their local community, which was confirmed by staff and records. There was guidance for staff about how to support people to promote their independence and maximize the opportunity to do things of their choice. One person told us how staff had supported them with their physiotherapy so they could access the community.

People told us how staff supported them to undertake social activities of their choice, such as bowling and swimming. The training coordinator and occupational therapist had worked together to develop a support plan which ensured one person was enabled to go swimming. Another person told us how staff always raised their spirits and stopped them from feeling lonely. The relative of one person told us how staff, with whom their loved one had built a special rapport, had readily agreed to support them to attend a concert at their local theatre. People were supported to pursue their interests and engage in activities, which prevented them from being socially isolated.

The provider and registered manager sought feedback in various ways such as quality assurance visits and telephone calls. The registered manager ensured this feedback was acted upon. For example one relative told us that their family member did not like a particular member of staff, although there was no specific reason related to poor quality of care. They told us that the registered manager ensured the roster system barred this person from being allocated to their family member, which records confirmed.

During home visits we observed that people had a copy of the provider's complaints procedure in a format which met their needs. Staff knew the complaints procedure but told us they resolved small concerns quickly to prevent them escalating. Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved.

People said they felt care listened to their concerns, which were promptly addressed. People we visited told us they had no reason to complain but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately by the registered manager. One person told us the registered manager, "Always wants to know if I'm unhappy and will always come and see me if I've got something on my mind." People and relatives knew how to make a complaint and raise any concerns about the service. They told us that staff responded well to any concerns or complaints raised.

Records showed that all complaints had been recorded, investigated and where required action had been taken under the supervision of the registered manager in accordance with the provider's complaints policy. The registered manager had analysed the learning from incidents and where appropriate had addressed issues with relevant staff in supervisions. People's care had improved as learning and improvements were made as a result of complaints received.

## Is the service well-led?

### Our findings

People told us they thought the service was well led and praised the provider and care staff for their dedication and support.

J&K Care Specialists ethos is to 'empower individuals with independence, inclusion, rights and choice within their lives, specific to their needs.' The service aimed to treat people with dignity and respect whilst providing high quality care. One member of staff told us, "I am really proud of the job I do and the service we provide. I think our strength is that we always see the person as unique and special and everything we do is to meet their needs and wishes the best we can." A senior staff member told us, "I think we are good at listening to people and responding to their views so we are always improving the care we provide." During home visits we observed staff demonstrating the values of the provider in their care practice. All staff spoken with were able to explain the provider's ethos. People were cared for by staff who understood and practised the values of the service in the provision of their care.

The registered manager and senior staff demonstrated good management. Two members of staff told us how they had been sensitively supported by the registered manager during a time of personal distress. People and relatives told us the registered manager and staff were approachable and willing to listen. One person told us, "When I'm poorly the girls contact (the registered manager) and she comes out to see me immediately." A relative told us, "The office staff have improved a lot during the last year. If they are going to be late or have to send a different carer they ring to let you know and apologise."

The registered manager and senior staff provided clear and direct leadership. The office team had a good understanding of their roles and responsibilities, as did staff delivering care. Staff told us there was an open culture within the service. The registered manager encouraged learning from mistakes by discussing any concerns or ideas they had about the service or their own development. Staff told us that when they had received feedback to improve their performance this was always provided in constructive way, which motivated them to implement the guidance provided. The training coordinator encouraged staff to let them know if they felt they wanted further training or re-training in any topics during feedback at the end of training sessions, which was confirmed by staff.

Throughout our inspection we saw staff visit the office and observed they had a good relationship with the registered manager, training coordinator and other office staff, whom they approached freely. One staff member visiting the office told us there was "no us and them like you get with some companies." One visiting staff member brought a box of doughnuts in to share with the office team." The registered manager told us they encouraged people and staff to visit the office whenever they wanted and arranged regular social events, such as the Christmas mince pie and mulled wine party. One person told us how they enjoyed this social gathering as they were able to meet their own staff to say thank you and other people who used the service. People told us these functions were also good so they could "put a face to the name" of office staff they had spoken with, which made them feel more reassured that office staff actually knew them.

Staff told us the registered manager was highly visible and regularly went out to see people if they were upset or felt poorly. Staff told us they enjoyed working for J&K Care Specialists because the management team recognised the good work they were doing. One staff member told us, "I have worked for four DCA's (Domiciliary Care Agencies) and J&K is by far the best. You all feel part of a team." We reviewed compliments from people who use the service which had been publicised during staff meetings and in newsletters. Where the management received verbal praise about the quality of care, for example whilst conducting quality assurance visits, this was passed onto the staff in "well done" letters. A member of staff said, "The managers make you feel that your work really matters and regularly let you know when they receive praise about your work." The registered manager used information from investigations and compliments to drive quality across the service.

People, their relatives where appropriate and staff were asked for their views about the delivery of care and treatment and they were acted on. We found that the provider conducted quarterly satisfaction surveys to find out how the quality of service and care could be improved. All of the care records we reviewed contained positive comments about the quality of care provided. The registered manager told us they were committed to driving improvements within the service to ensure people received high quality care. The provider completed a quality assurance survey of all the people who used the service in 2015. All of the people who had responded made positive comments about the quality of the service, although some people had also made suggestions for improvement. Some people thought the use of smiley faces to denote pleasure or dissatisfaction on the survey may have been condescending. The registered manager told us they had spoken with people and had amended the format of the quality assurance survey for 2016. One relative was happy with the quality of care provided but asked for improved communication if rostered staff had been changed or were running late, as this caused their loved one anxiety. The registered manager and care coordinators had held a meeting to identify how to improve internal communication in this respect. During our inspection we spoke with the relative concerned who told us the communication by the office had improved since completion of the quality assurance survey. This meant that the provider had gathered information about the safety and quality of their service and had taken action when appropriate to make improvements.

Staff were supported by a comprehensive range of standard operating procedures and best practice guidance such as lone working policies and disciplinary procedures. This ensured that staff had a range of information available to support them with their work.

The care coordinators told us they conducted a needs analysis with the registered manager for each new care package to identify whether further staffing and training was required. The registered manager told us they would not undertake further care packages unless their staffing needs analysis confirmed they had sufficient care staff to meet people's needs safely.

The registered manager carried out a programme of regular audits to monitor the quality of the service and plan improvements. The registered manager monitored people's support and took action to ensure they were safe and well. People's welfare, safety and quality of life were looked at through regular checks of how people's support was provided, recorded and updated. Checks were undertaken, for example on medicines and people's home environment risks, so that the provider had a clear overview of activity in people's homes. Planned visit times were checked against an electronic monitoring system and daily records which care staff signed to confirm the times and day they supported people in their homes and community. This enabled the provider and people to be assured they received consistent care in accordance with their care plans.

The registered manager demonstrated how they had carried out a full audit in January 2016 to identify when care reviews were required, when training needed to be updated, and when supervisions and appraisals were due. All of these had been scheduled on the provider's computer system. The registered manager told us they had sought an upgrade on the provider's computer system which would provide alerts whenever care reviews, training or supervisions were due. The management team also ensured that staff received unannounced spot checks, where staff were observed delivering care. This meant that the provider operated systems which ensured they could effectively identify, assess and monitor risks relating to the health, welfare and safety of people who use the service.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Detailed health and safety risk assessments had identified potential hazards to the safety of people and those supporting them. The registered manager and senior managers had implemented measures to protect people and ensure their welfare.

People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect staff and people's confidential information.