

June Home Care Limited

Loughborough & Charnwood area

Inspection report

The Coach House 22 Brook Lane
Loughborough
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25 February 2020
26 February 2020

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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

About the service

June Home Care Limited, Loughborough and Charnwood area is a domiciliary care agency providing care and support to people living in their own homes in around the Loughborough and Charnwood area. At the time of the inspection there were 35 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The service was safe. People's risks had been assessed and staff knew how to support people to reduce risks. Medicines were managed safely. If concerns arose such as incidents, accidents or safeguarding, staff knew how to raise these appropriately and ensure that actions were taken as needed. Timely action was taken in response to incidents and accidents to ensure lessons were learnt and reduce the risk of reoccurrence.

Staff had the skills they needed to support people and were well supported. Staff had access to a wide range of training courses which benefited people. Staff were recruited safely and there was enough staff employed to provide people with effective support.

People had enough to eat and drink and where people were nutritionally at risk this was identified, and people were supported appropriately with input from professionals when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and their relatives were at the centre of planning people's care. People were well supported to express their views and make decisions about their care and support.

Staff had developed positive, caring relationships with people. They were considerate of people's feelings and treated them with respect and dignity. People were supported in a way that enabled them to have a good quality of life. Relatives described staff as often going above and beyond to support people to achieve the best possible outcomes.

The service provided people with personalised care that met their needs and took account of their wishes. The registered manager developed people's care plans with them. If people requested changes to the planned care the registered manager tried to agree to the requested change. Staff supported people to maintain relationships that were important to them and maintain links with their local communities. People knew how they could complain about the service.

People benefitted from a service that had a dedicated registered manager and management team whose experience was used to support people to lead full and meaningful lives. Quality assurance processes were

in place and were being further developed to ensure the safety, high quality and effectiveness of the service. The values of the provider were consistently demonstrated by staff in their interactions with people and with each other.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This was the first inspection for this service since they registered with the Care Quality Commission.

Why we inspected

This was a planned scheduled inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Loughborough & Charnwood area

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes or flats in the local community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 February 2020 and ended on 26 February 2020. We visited the office location on 25 February 2020 and visited three people in their own homes. We contacted people, relatives and staff by telephone to gather their views on 24 and 26 February 2020.

What we did before the inspection

We reviewed the information we held about the service. The provider had not been asked to complete a

Provider Information Return before the service. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We gave the provider the opportunity to share this information during the inspection. We contacted local authority commissioners to seek their views about the service.

During the inspection

We spoke with the registered manager, the registered provider, the operations manager and reviewed a range of records at the office. This included three people's care records and care plans. We visited three people in their own homes and spoke with two people and three relatives by telephone. We also spoke with five members of care staff. We reviewed a range of records relating to the management of the service including three staff recruitment files, staff training records and other records relating to the day to day management and governance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People trusted and felt safe with the staff who visited their home.
- Staff were trained in how to identify and report abuse. They told us they felt confident to raise any concerns and that appropriate action would be taken by the management team to keep people safe. They carried safeguarding contact numbers on the back of their identify badges to support them to raise concerns in a timely manner.
- Staff and managers demonstrated a good understanding of protecting people from the risk of discrimination as part of any safeguarding. The providers' policies and procedures supported this understanding.

Assessing risk, safety monitoring and management

- People told us they felt safe using the service. One person told us, "I feel safe because they [staff] help me in the way I want them to. They make me feel safe when I'm using my walking frame because there are always two of them to help me." A relative described how staff supported their family members' mobility whilst ensuring they were safe and had the support they needed.
- The registered manager had identified and managed risks to people's safety. They described an approach based on positive risk taking, supporting people to take informed risks without unnecessary restrictions. For example, one person was at risk of falls but wished to continue to take daily walks in the local community. Staff were provided with procedures in the event the person experienced a fall, and they carried a rucksack to support with emergency aid.
- Staff demonstrated they were knowledgeable about the risks people faced and the actions they needed to take to minimise harm for people. We observed staff following best practice whilst safely supporting people to transfer, walk around and change position.
- People's care records did not include detailed guidance for staff about how to provide their care in a safe way. Records demonstrated risks had been assessed but required further development to reflect the detailed knowledge held by staff. The registered manager told us they would develop records to include this information.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were adapted according to the needs of the people using the service. People and relatives told us people always received care from the right number of staff and calls were never missed or late.
- The management team ensured the staff supporting people were familiar and consistent.

- The provider followed safe recruitment practices and carried out thorough checks on new staff to ensure they were suitable to work in people's homes.

Using medicines safely

- People's care plans included details of their prescribed medicines and the support they needed to take these.
- Medicine Administration Records (MARs) were completed by staff to confirm people had received this support. Records included areas of application for topical medicines, such as creams, and staff recorded reasons for administering when required medicines (PRN).
- We found some gaps in signatures on MARs that were not supported by any explanation. The registered manager told us records were reviewed by senior care staff and they would ensure more robust auditing and checking was put in place.
- Staff felt they had completed the training they needed to feel confident and competent in administering medicines. Their competency was reviewed through periodic spot checks of their working practices.

Preventing and controlling infection

- Staff were trained in protecting people from the risk of infection.
- Staff were provided with personal protective equipment which included gloves and aprons. We saw staff wore these when they supported people with personal care or when preparing meals, and changed these between tasks.
- Staff disposed of clinical waste safely and in line with people's wishes.

Learning lessons when things go wrong

- A system was in place to learn from incidents or accidents that occurred in the service. Incidents were reported to the management team who would analyse these for any trends or issues.
- The staff team at the service worked together to discuss the support provided to people and what worked well. This was shared amongst staff and incorporated in to people's care plans. Where necessary, other agencies were involved in reviewing incidents to ensure people were kept safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out a thorough assessment of people's needs before agreeing to provide their care. The person, and those who knew them well, were included in agreeing to the needs assessment.
- Assessments formed the basis of care plans and helped to ensure people's needs wishes and preferences were met. For example, lifestyle choices, relationships and culture.

Staff support: induction, training, skills and experience

- Staff received training in a range of areas to enable them to meet people's needs.
- People and relatives felt staff were well trained in meeting people's needs. One person told us, "Staff are good at understanding and working with my unusual ways." A relative told us, "Staff are really good at working with people living with Alzheimers. They understand the frustrations [name of family member]] experiences and are skilled at distracting [name] before things escalate. As a result, [name] is a lot happier and there are far fewer incidents where [name] is distressed.
- Staff spoke positively of the training provided. Comments included, "They [managers] train us really well. They are happy to spend the time and re-train you if you're not certain about things, which is great for new staff," and "The training is good. We have face to face training and they [provider] has just purchased a new on-line application which we will have access to for further training. If we feel we need training in a particular area, we just have to ask for it and it will be arranged."
- The training provided was a mixture of face to face and theory training. The registered manager told us, and staff confirmed, team meetings offered an opportunity for staff to discuss and support their learning.
- New staff received a detailed induction. All the staff we spoke with felt supported and were encouraged to develop in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff provided the support people needed to enjoy their meals and drinks and to eat and drink enough to maintain good health.
- People's care plans included their food and drink preferences and we saw staff supported people to make choices about their meals. For example, one person was shown a choice of three desserts so they could make an informed choice.
- Staff monitored and recorded food and fluid intake for people where support was required, although people were not always assessed as being at risk of poor nutrition or hydration. We found monitoring needed to be more robust. For example, we found gaps in daily monitoring records and staff were not aware of the ideal daily fluid intake for each person. The registered manager told us they would improve systems to ensure this was only in place where required and monitoring was more robust and meaningful.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other health and social care professionals to understand and meet the needs of people using the service. We saw positive feedback from a health care professional who praised staff for 'attending joint visits with therapies, engaging with therapy recommendations and responding to the person's unorthodox methods of mobility whilst keeping them safe.'
- Relatives told us staff informed them of any changes in their family member's health and well being in a timely manner.
- People had an emergency grab sheet in place which contained information that other healthcare professionals might need to know, for example in the event of an emergency hospital admission.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The focus of the service was to provide high-quality personalised care which promoted people's rights. People made decisions about all aspects of their care and the staff respected the decisions people made. The registered manager and staff understood their responsibilities under the MCA. They placed people at the centre of their care and people gave consent for their care to be provided. One staff member told us, "We recognise people may need time to consent. We have to find a way to communicate with the person, encourage them, but understand we cannot force them."
- People's care plans detailed decisions and choices they were able to make, and the support they needed to make more complex decisions about their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong person-centred culture at the service which led to people being treated well. People and relatives told us the care and support provided was personalised. One person told us, "Before I started to use the service, I had never received care before and felt embarrassed about the state of undress I would be in with staff. Since they have been coming, they immediately put me at my ease and I have never experienced any embarrassment when they help me."
- People and their relatives described staff as patient, caring, friendly, proactive and going above and beyond what was expected of them.
- We observed positive relationships between people and staff who supported them.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in planning their care and support. People and relatives confirmed staff provided care in the way people wanted and always consulted with people to check they were happy with their care.
- Staff had fully considered people's individual communication needs to enable them to express themselves in a range of situations. For example, staff understood a person's non-verbal communication and the use of signs and gestures. They used this knowledge to support the person to make day to day decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Promoting people's independence was a core focus of the service and people were consistently supported to increase their independence. A person told us, "Staff recognise that I can do some things for myself and understand that I need to be as independent as possible." A relative described how the staff had been 'proactive' in their family members' reablement.
- Respect for people's privacy was embedded within the service and staff understood that it was important for people to understand their rights to a private life. For example, staff waited for people's permission before entering their home.
- People's private information was kept secure. Care documentation was held confidentially, and sensitive information was stored securely in the office. Staff were aware of maintaining confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was individual to their needs and preferences. There was a detailed admission process in place that included handover meetings with other agencies. This information helped ensure staff got to know people and their preferences in advance of them using the service.
- People and their relatives told us they were involved in people's care plans, in a way that people's rights, choices and involvement were put at the centre of the service. People were involved in planning and reviewing their care. One relative told us, "Staff telephone me to discuss if they feel the care plan needs to be changed, or to ask if I am happy with the care plan. The care is very personalised to [name of family member]."
- Staff demonstrated detailed knowledge of people's wishes and preferences. They were able to describe how people used their non-verbal responses to make choices and decisions.
- Some care plans required further development to ensure records reflected the personalised care staff provided. The registered manager told us they would review care plans following our inspection visit.
- The registered manager reviewed people's care plans as their needs changed. Staff told us they received information promptly if the care people needed changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered provider had a policy in place which outlined their commitment to meeting the needs of people under the AIS.
- The registered manager assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where appropriate, staff supported people to pursue hobbies and interests and go out into their local communities. One relative told us, "Since using this service, staff have supported [name of family member] to attend the church group [name] used to go to and go out for walks. They also work in the garden with [name] as they understand [name] was a keen gardener and even helped [name] plant some bulbs recently. Staff know the history of the local area so they can relate to what [name] is talking about. This has made

such as difference to [name]. [Name] is a lot happier."

- Staff spent time with people to protect them from social isolation and supported people to maintain links and relationships with friends, family and their local community.

Improving care quality in response to complaints or concerns

- The registered provider had a procedure for receiving and managing complaints about the service. People and relatives told us they would be confident speaking to any of the management team or staff if they had any concerns about the care provided.
- Complaints had been investigated, responded to and used to learn lessons and improve the service as it developed.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. The service had supported people through end of life care by working alongside other agencies to ensure people received this care in line with their wishes and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a strong positive culture which was led by a proactive management. The service values focused on providing personalised care, supporting people to make decisions and choices about their care and lives, and achieve good outcomes. Staff had a clear understanding of the services values and were able to tell us how they worked in line with these.
- People and relatives were overwhelmingly positive about the service. Comments included, "They think outside the box, they are proactive and take the time to listen. I cannot praise them enough; they are the light at the end of the tunnel," and "This is an amazing service; staff go above and beyond," and "We landed on our feet when we chose this service."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities under the duty of candour and the requirement to inform the Care Quality Commission of significant events in the service.
- Staff understood their roles and responsibilities and spoke highly of working for the service. Staff told us the service had a clearly defined culture. One staff member said, "This is an excellent company to work for. If you have any doubts about anything, you can approach [provider] and [name] will sort it out. All the managers do care themselves so have a good understanding. Staff aren't afraid if they need to stay over five or ten minutes to spend time with people. You are encouraged to do this. It's a fantastic staff team."
- Every staff member was encouraged to consider their continuous professional development and supported to develop professionally. Staff told us they felt valued as staff and individuals.
- The service had a governance processes in place that was under development. Some audits were in place which monitored the quality of the service. When improvements were needed appropriate action had been taken.
- The registered provider had engaged an external agency to undertake quality audits of the service and planned to develop more robust internal auditing with key staff. This would help to ensure audits and checks were effective in identifying and managing risks to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and relatives told us the management team and staff asked if they were happy with the support provided by the agency.
- The management team asked for people's views when they visited their homes, contacted them by telephone and through surveys. One person told us, "[Name of provider] talks with me a lot about what they are doing with the service and I agree with their policies around personalised care. I am happy with the way they are running the show; they are on the right track."
- Results of surveys sent out November 2019, showed positive responses about the impact care had for people in terms of their happiness and well-being and friendly, professional staff.
- Staff told us they were consulted and involved in decision making and informed of changes in the service. One staff member said, "We are encouraged to share our views and contribute to assessments. It is an open culture."
- Staff worked with other appropriate services to ensure people consistently received care that met their needs. For example, they knew the support people required to access and attend health care services and provided this as people needed. They worked in partnership with other care providers to help people achieve best possible outcomes from their care and support.

Continuous learning and improving care

- The registered manager and provider kept up to date with best practice and developments. They shared this knowledge with staff as part of involving them in the development of the service.
- The registered provider and registered manager had a clear vision for the development of the service, which they shared with staff and stakeholders. This included planned improvements, business continuity and growth.