

JOY2CARE LTD

Joy2care

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

This was our first inspection of Joy2care. The visit was announced and was carried out on 28 November 2017. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that someone would be in the office.

The service provided domiciliary care and support to people living in and around the town of Carlton, Nottinghamshire. At the time of our inspection there were 53 people using the service.

The service's provider is also the registered manager and as such is a 'registered person'. 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 felt safe using Joy2care and felt safe with the staff team who provided their care and support. Relatives we spoke with agreed that their relatives were safe with the staff team who supported them.

The staff team had received training on the safeguarding of adults and were aware of their responsibilities for keeping people safe from avoidable harm or abuse. The provider and the management team were aware of their responsibilities for keeping people safe and knew to refer any concerns on to the local authority and Care Quality Commission (CQC).

People's care and support needs had been identified and risks presented to either the people using the service or the staff team had been assessed and managed. There were arrangements in place to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Appropriate checks had been carried out when new members of staff had been employed to make sure they were suitable to work at the service. Staff members had been suitably inducted into the service and relevant training had been provided to enable them to appropriately support the people using the service.

People told us there were enough staff members to meet their current needs. They told us they had regular members of staff who always turned up, never missed a visit and always stayed the correct length of time.

The staff team had received training in the management of medicines. People were supported with their medicines as prescribed by their doctor and in line with the provider's medicines policy.

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.

People were supported to maintain good health. They were supported to access relevant healthcare services such as doctors and community nurses when needed and they received on-going healthcare

support.

People told us the staff team were kind and they were treated in a caring and respectful manner. They told us their care and support was provided in a way they preferred and choices were always offered.

People were supported in a way they preferred because plans of care had been developed with them and with people who knew them well. The staff team knew the needs of the people they were supporting because appropriate plans of care were in place which included people's personal preferences.

The provider had an end of life policy in place which showed the staff team how to provide high quality care for people as they approached the end of their life.

People had the opportunity to be involved in how the service was run. They were asked for their opinions of the service on a regular basis. This was through visits to people's homes and through the use of surveys.

Management monitored the service being provided to make sure people received the safe care and support they required. A number of auditing processes were developed to assist the formal monitoring process moving forward. A business continuity plan was in place for emergencies or untoward events.

The registered manager/provider was aware of their registration responsibilities including notifying CQC of significant incidents that occurred at the service.

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 were kept safe from abuse and avoidable harm and the risks associated with people's care were assessed and managed.

A robust recruitment process meant only suitable people worked at the service.

People were supported with their medicines safely.

People were protected from risks to their health and well-being by the prevention and control of infection processes that were in place.

Lessons were learned and improvements made when things went wrong.

Is the service effective?

Good ●

The service was effective.

People received support from a staff team who had the necessary knowledge and skills.

People were supported to make decisions around their day to day lives. The staff team always asked for people's consent before supporting them.

People were supported to eat well and were assisted to access health care services when they needed them.

Is the service caring?

Good ●

The service was caring.

The staff team were kind and caring and they treated people with dignity and respect.

People were involved in making decisions about their care and support.

Information about people was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and they were involved in developing their plan of care.

People's plans of care included their personal preferences and they received care and support that was responsive to their needs.

People knew how to raise a complaint and were confident that any concern would be dealt with appropriately.

The staff team had received training on end of life/palliative care and people were properly supported when coming to the end of their life.

Is the service well-led?

Good ●

The service was well led.

People using the service told us the service was well managed and the management team were friendly and approachable. Staff members we spoke with agreed.

People were given the opportunity to share their thoughts on how the service was run.

Quality monitoring and governance systems were in place and used to drive continuous improvement.

Joy2care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 28 November 2017 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the provider would be available to assist us with our inspection.

The inspection was carried out by 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.

Before the inspection we reviewed information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about.

At the time of our inspection there were 53 people using the service. We spoke with four of the people using the service and six relatives. We also visited two of the people using the service to gather their views.

During our visit to the office we spoke with the registered provider who was also the registered manager, the strategic director, the human resource and training manager, two team leaders and one support worker also known as a care practitioner. Three care practitioners were contacted by telephone following our visit to enable us to gather their views of the service.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care and associated documents including risk assessments. We also looked at three staff files including their recruitment and training records and the quality checking processes that the provider/registered manager completed.

Is the service safe?

Our findings

People told us they felt safe with the care practitioners who provided their care and support. One person told us, "I do feel safe yes, I have poor eyesight and they always leave things close by so I can get them and they lock up when they leave." Another explained, "I do yes. They support me safely on my stand aid when getting out of bed, I feel quite safe with them moving me."

Relatives we spoke with agreed with what they told us. One relative told us, "Yes I really do [think their relative is safe]. She can get about a bit herself but doesn't like to do things if on her own so when she showers herself, they (care practitioners) just stand nearby which gives her confidence in the knowledge that help is close at hand should she need it." Another explained, "Very safe. So much so that we have four overnight sits for her now as well as daily visits. I feel totally safe leaving her with them."

The staff team had completed training on the safeguarding of adults and knew what to look out for and what to do if they were concerned about someone's welfare. One staff member told us, "I would tell [registered manager] and safeguarding, [registered manager] would act." Another explained, "I would report anything without a shadow of a doubt and I know it would be taken on board."

The management team were aware of their responsibilities for keeping people safe from abuse and avoidable harm. They told us that any allegation of abuse would be referred to the local safeguarding authority and CQC. This showed us they followed their own safeguarding processes.

Risk assessments had been completed prior to people's care and support packages commencing. This enabled the management team to identify any risks presented to either the person using the service or the staff team during the delivery of the person's care. Risk assessments had been completed on people's home environment where their care and support was to be provided. A moving and handling risk assessment and a health questionnaire had also been completed. We did note that the assessments were not as comprehensive as they could be. The provider/registered manager acknowledged this and informed us that they would make improvements to the documentation.

We checked the recruitment files for three members of the staff team and found that appropriate recruitment processes had been followed. Previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. (A DBS check provided information as to whether someone was suitable to work at this service.) The people using the service were protected by the pre-employment checks that were in place. During interview, standard interview questions were asked to ensure all prospective staff members were treated fairly and equally.

We looked at the staffing rota. We were told that people received regular care practitioners and the rotas we saw confirmed this. Staffing levels were sufficient to meet the current needs of the people using the service. People we spoke with confirmed they had regular care practitioners who turned up on time, never missed a visit and always stayed the correct amount of time. One person told us, "Timing is good, they have never missed me. They always stay their time and ensure all is done before they go." Another explained, "Timing is

fine and they will let me know if they are held up for any reason but they always get here, stay the full time and do everything required." We were told when two care practitioners were required for support, two had always turned up. One person told us, "I have to have a double up call due to my mobility. They always send two, never just one." A relative explained, "He requires a double up call as he has poor mobility. Yes they always send two without fail."

People were given the choice of whether they preferred male or female care practitioners and this information was recorded within their records. One person told us, "I have only had girls in the short time I have been with them but they did mention sometimes I may get a male carer and did I mind if that happened. I told them it wasn't a problem."

For people who needed support to take their medicines, information had been included in their plan of care. One person told us, "Yes they do my medicines due to my poor sight. I can't read the print on the tablets very well. They get me my four tablets out of the pack and give me them with some water and ensure I take them safely." A relative told us, "Yes they give her tablets with water. Now one in particular is quite large and she requires a full glass of water just to take that one. They then top the glass up and see she takes the others." The staff team had received training in the safe handling of medicines and were aware of their responsibilities. Appropriate documentation was completed when support with medicines had been provided. One person told us, "Yes after I have had my tablets they write in the book I have here."

People were protected from risks to their health and well-being by the prevention and control of infection. Protective personal equipment (PPE) was readily available and we observed members of staff collecting these on the day of our visit. These included gloves, aprons, shoe protectors and hand gel. Training in infection control had been arranged for January 2018. One of the people we visited confirmed that the staff team wore their PPE when they supported them. A relative told us, "They [care practitioners] always have their hair tied back and look clean and smart."

The staff team understood their responsibilities for raising concerns around safety and reporting any issues to the management. Evidence was seen of lessons being learned when things went wrong for example with one person's package of care. Following this incident, improvements had been made with regard to communicating to prospective users of the service with regard to what tasks the staff team could and couldn't do.

Is the service effective?

Our findings

People using the service had their care and support needs assessed. The registered provider explained people's care and support needs were always assessed prior to their care and support package commencing. This was so the person's needs could be identified and the management team could satisfy themselves that the person's needs could be met by both them and the care practitioners working for the service. Paperwork we looked at confirmed this. One person told us, "Oh yes I had full input together with my wife." A relative explained, "Yes they did [carry out an assessment] and they came to visit us and we worked on it together for him."

People told us they felt the staff team were appropriately trained to meet their care and support needs. One person told us, "Their skills are good. They have regular training meetings when others come to cover, to keep them all up to date." Another explained, "Like I have said not only do they know what they are doing but they even look like they care as well."

Relatives we spoke with agreed and felt the staff team were suitably trained. One explained, "Certainly (well trained). From social interaction to physical care they are excellent on all fronts." Another added, "You can tell from the way they handle and move him and their attitude toward his care (that they are well trained)."

A human resource and training manager had been in post since May 2017 and evidence was seen of staff members receiving a comprehensive induction into the service following their commencement. (Prior to this a more informal induction had taken place.) One staff member explained, "I had three days shadowing but had I not been confident I could have had more. I met up with [registered manager] to discuss how I was getting on and she rang me all the time to see how I was getting on, she was really supportive." Relevant training had also been completed. This included training in health and safety, the safeguarding of adults and moving and handling. A staff member explained, "I have been doing a few of the on line training courses. We've not long done basic first aid here and I did dementia training on line."

The staff team supported people to have sufficient food and drink when they carried out a mealtime call. They knew the importance of making sure people were provided with the food and drink they needed to keep them well. One person told us, "They get my breakfast in the morning, at lunchtime either a sandwich or microwave me something depending on what I fancy, at teatime drinks and again whatever I feel like eating." Another explained, "They get my breakfast for me, make me some sandwiches ready for my lunch and at teatime call and cook me a dinner in the microwave."

The staff team monitored people's health and wellbeing and when concerns about people's welfare had been identified, these had been reported and acted on. One of the people using the service told us, "Recently they called the doctor for me. I wasn't well and had a muscle problem with my neck that they found when they arrived. They also called my son to tell him as well." Another explained, "I had a fall and the carer called the ambulance and stayed with me until the ambulance arrived."

People's care and support were provided in line with relevant legislation and guidance. 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The management team understood their responsibility around the MCA. They explained that if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. Training in MCA had been completed and the staff members we spoke with understood its principles. One explained, "It is so they can safely make decisions for themselves and if they can't, we bring in other people or make decisions in their best interest."

The staff team explained they always sought people's consent before providing any care or support. The people we spoke with agreed with what they told us. A staff member explained, "I always ask before I do anything, it is important to get people's consent." One of the people using the service told us, "Oh yes. They check how I am feeling and then ask what I would like doing first." A relative told us, "Yes she is reasonably independent and usually up for them so they ask her what she would like doing first, like making her a drink or having her tablets."

Is the service caring?

Our findings

People told us the staff team were kind and caring and treated them with respect. One person told us, "I have no complaints at all. They look as though they care and this is demonstrated in the kind and gentle way that they carry out the care for me, slowly and methodically." Another explained, "They are very caring with me. I like them all. They don't ever rush me knowing I have poor mobility and are very thoughtful toward me."

Relatives spoken with felt the staff team were caring, kind and considerate. One told us, "They are excellent and not patronising at all. They take their time and they are caring, cheerful and chatty, I am very happy with them." Another explained, "Yes they are very caring toward him, they never rush and stay their time, and always ask if he want's anything else doing before they go."

The staff team gave examples of how they preserved people's dignity when supporting them. One explained, "I always close the curtains and the door and make sure they are covered up. Another explained, "If I'm doing personal care, I give them dignity by covering them up and if I'm supporting someone to go to the toilet, I stand by the door so as not to be in their personal space."

People confirmed their privacy and dignity were promoted when being assisted with personal care. One person told us, "Yes when I have a strip wash they always ensure that I am partially covered up with a towel as required and when having a shower, that the door is closed and again making sure I am towelled down comfortably." Another explained, "Yes they make sure I am covered and kept warm after showering me and also when doing the bedding make sure that I am not left with nothing on." A relative told us, "He has a shower room now but they make sure the door is closed and he tells me they are very respectful and thoughtful in making sure he is covered up."

People told us that the staff team were given the time they needed to properly support them in a compassionate and personal way. One person told us, "They don't ever rush me knowing I have poor mobility and are very thoughtful toward me." Another explained, "They are careful and gentle with me in everything they do and never rush me." A relative told us, "Oh yes we are delighted by their attitude and with the care they give her. They don't rush and she is very happy with them all, as we are."

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. Computers which stored personal information were password protected and people's care records were kept secure. People's personal information was safely stored and held in line with the provider's confidentiality policy. People using the service were confident that information about them was kept confidential. One person told us, "I have never heard them talk about others; we just talk about how I am and what's going on in the world." Another explained, "Confidentiality is good, I fully trust them. They have never mentioned about others they care for."

Is the service responsive?

Our findings

People told us they had been visited prior to their care package commencing to determine what help and support they needed. They also told us they had been involved in developing their plan of care. One person explained, "I had full input into my plan since being with them for 4-5 months now." Another explained, "Yes I have full input together with my wife and we talk it through with [registered manager]." A relative told us, "Together with my wife we compiled a comprehensive plan of what to do."

The registered manager explained people's care and support needs were assessed prior to their care and support package commencing. This was so they could assure themselves people's needs could be met by the staff team. Records we checked confirmed this. From the original assessment, a plan of care had been developed.

The plans of care called 'Care at a glance' included people's care and support needs and how they wanted those needs to be met. They included people's personal preferences with regard to how they wanted to be supported. For example, one person's plan of care told the reader, 'Likes porridge and toast and a cup of tea (white no sugar) for breakfast'. Another person's plan showed they like to settle at night on their right hand side with a pillow between their legs. The staff team were aware of these preferences. People's likes and dislikes were explored and included in documentation held.

People told us the staff team knew them well. One person told us, "They know all about me and are all excellent. I don't go out with them but they chat about my interests which is nice, they are taking an interest and that makes me feel good." Another explained, "They are excellent. They wanted to know all about my likes and dislikes before commencing coming. They are cheerful and chatty and offer support if I want it, for anything I like." A relative told us, "I would like to say that they are excellent with her on this. She has a sit in on Tuesday and Thursday afternoons and they chat, laugh, watch TV with her, manicure her nails and even put her make up on. She loves it!" One of the people using the service explained how the times of their care calls were changed to accommodate the fact they attended the church and fellowship meetings.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they could provide literature in large print if it was required.

There was a formal complaints process in place and people and their relatives knew who to contact if they were unhappy or unsure about anything. One person told us, "Yes [knows how to complain] I have all the numbers here in a book, but haven't needed to call them." A relative told us, "I have all the numbers and when I called them about a carer some time ago they stopped them coming, so the response was good."

When a complaint had been received, this had been handled appropriately and investigated thoroughly. A recent complaint about the service had also been referred to the local safeguarding team. This showed us

that the registered manager took all complaints seriously and was open and transparent in the handling of complaints.

The staff team had received training on end of life and palliative care and a policy was in place. A staff member we spoke with explained how they had supported someone at the end of their life. They explained, "We had two carers at night because [person] needed two hourly turns. When it happened we knew what to do but [registered manager] came straight the way to support us."

Is the service well-led?

Our findings

There was a registered manager in place. 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 told us the service was well managed and the registered manager/provider was open and approachable. One person told us, "They are very good. The others I had before weren't! The staff are all well trained and polite and the manager has already been to see me twice to check all is ok. I am well impressed." Another explained, "I am very happy with the way it is all run and managed. [Name] the manager is like family now!"

Relatives told us they felt the service was properly managed and the management team were friendly and welcoming. One told us, "I am very pleased with the service in all respects, they are responsive and all display a very caring attitude." Another explained, "Overall I am delighted with them. The social interaction is good, the care is good and the carers have good skills, yes well led throughout."

The staff team were committed to working together to achieve the provider's vision and values. One staff member told us, "It's about giving the best quality care we can, to give them the best of everything and making sure they get the individual care they need." Another explained, "Our aim is to provide high quality care and making sure that people are kept safe from abuse or neglect."

Staff members felt supported and valued by the management team. They told us there was always someone available they could talk to if needed. One explained, "Everyone is so supportive. There is always someone available if you need them. You can ring at four in the morning and they [management team] would pick up." Another explained, "We have the senior carers and [registered manager] is always available, she is so hands on and supportive."

Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. Staff meetings had taken place with the last one being held on 23 November 2017. At this meeting the staff team had been provided with an updated staff hand book and 'what to do' booklets were also distributed. These informed the reader of what to do if they found themselves in particular circumstances. For example, 'what to do if', they had a whistleblowing or safeguarding concern and 'what to do if' they arrived at a person's home to find they had no gas or electricity. These provided the staff team with the information they needed to provide people with appropriate and safe care.

People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through visits and the use of surveys. One of the people using the service told us, "Yes I have [received surveys] and I have returned them to the office." A relative told us, "Yes I have had a couple of surveys and sent them back." A second explained, "No surveys but [registered manager] comes out to see us and ask for feedback." The registered manager was in the process of developing a newsletter for the people

using the service and their relatives. We were told the results of the latest surveys returned would be included for people's information.

The provider explained they regularly monitored the quality of the service provided. A governance and quality team met on a monthly basis and discussed all aspects of the service. An action plan had been drawn up to meet the CQC key lines of enquiry and actions were being taken where development was needed. For example, By January 2018 an audit tool would be developed for 'Continuity of Care' to include timeliness of calls and contact would be made with the infection control nurse to talk about infection control training and have this delivered. By April 2018 A leaflet on local advocacy services would be developed. The quality monitoring systems in place were used to drive improvement within the service.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

This was a first ratings inspection of the service. The provider understood their responsibilities for ensuring that once rated, this rating would be displayed. The display of the rating poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and other interested parties.