Just Call 4 Care Services Limited

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Inspection report

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Tel: 01215653005

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 15 August 2016 and was announced. This was the first inspection of this service at the new office address.

The service provided domiciliary care to 85 people in their own homes. There was a registered manager at this location. 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 and associated Regulations about how the service is run. The registered manager was aware of their legal responsibilities and had notified the Care Quality Commission of events they were required to do by law.

Medicines were not managed safely. Staff who supported people to take their medication had not always recoded they had done so, and were not sure of the appropriate action to take in the case of missed medication or recording errors.

The provider had not established adequate quality monitoring processes to identify if the service was meeting people's needs or how it could be improved. Audits had not always identified when errors in record keeping had occurred. Not all information was reviewed for trends to identify learning opportunities to improve the service.

You can see what action we have asked the provider to take at the back of the report.

Staff we spoke with knew how to recognise the signs of abuse. Care plans identified people's specific conditions and how staff were to support them to keep them well. When necessary the provider involved and worked with other professionals to meet people's care needs. Staff we spoke with were knowledgeable about how to meet the care needs of the people they supported although records were not always available for them to refer to at the persons home.

People told us they were supported when necessary by staff to eat and drink enough to keep them well. However a lack of appropriate recording and auditing meant that people might come to harm by not having sufficient food and drink.

Staff training and supervision made sure that staff were knowledgeable about their role. Recruitment processes ensured that people were supported by staff who were safe and suitable to meet their needs. The registered manager sought people's views of the service. Senior staff conducted spot checks and observations of how staff supported people.

People were generally supported by the same staff which had helped them to develop positive relationships. Staff knew how people liked to be supported and told us how important it was for them to meet people's needs well.

People told us that they were asked to consent to their care and were treated with dignity and respect. However where people lacked capacity to make decisions, the provider had not ensured that the service acted in accordance with the principles of the Mental Capacity Act within the delivery of 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?

Requires Improvement

The service was not always safe.

It was not possible to determine if people had received their medication as prescribed as staff did not always record if people had taken their medication.

People said they felt safe and staff understood what to do if they suspected abuse.

The provider had safe recruitment processes.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had not implemented the Mental Capacity Act when supporting people who may have lacked capacity to make their own decisions.

The registered manager could not be sure that some people were receiving enough food and drink.

People were supported by staff who received regular training and supervision and knew how to meet people's specific care needs.

Is the service caring?

Good

People felt they were listened to and their choices and preferences respected.

People spoke affectionately about the staff who supported them.

People felt their privacy and dignity was respected and staff encouraged people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who knew how they wanted to be supported.

The provider had supported people to have staff their choice.

There was a complaints process that people and staff knew about.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems in place to monitor the quality of the service were not robust or always followed.

There was a registered manager in place who understood their responsibilities.

Not all the people we spoke with expressed confidence in the management team. Staff enjoyed working at the service

Just Call 4 Care Services

Detailed findings

Background to this inspection

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

This inspection took place on 15 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of one inspector.

We checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed any additional information we held or had received about the service. We looked at information provided by the commissioners of the service. We used this information to plan what areas we were going to focus on during our inspection.

As part of the inspection the provider was asked to complete 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 took this into account when we made the judgements in this report.

During our inspection we spoke to the registered manager. We spoke with four care staff, the person responsible for quality assurance issues and the human resources coordinator. We looked at records including the care plans and medication records of four people who used the service. We looked at three staff files and staff training and recruitment records to identify if staff had been provided with the knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised.

After the visit to the office, we spoke to six people who used the service, five people's relatives, and one social care professional.

Requires Improvement

Is the service safe?

Our findings

Most people who used the service did not require assistance from the service to take their medication, those who did receive support said they were happy with how they were supported. Staff told us and we saw records that indicated staff had training in safe medication administration. Staff had sometimes recorded when they had supported a person to take their medication although this was not consistent. One relative said, "[Staff] do the medication really well and write it in the daily report, but they don't fill in the MAR [Medication Administration Record] chart." We looked at the MAR charts and found large gaps in the recordings of medication administration which meant it was not possible to confirm if a person had taken their medication as prescribed.

When we spoke with staff, they were not clear about what constituted a medication error in either recording or administering medication. Staff also did not have a consistent response when asked what they would do if they saw a medication error. For example one member of staff told us, "I'd just leave it until the next day; I don't always phone the office." After the inspection visit one person did not receive their prescribed medication for some days and experienced serious ill health as a result.

We saw that some people needed specific support to protect them from developing sore skin or pressure areas. All the records we looked at were completed inconsistently, with large gaps in records which meant we were unable to ascertain if people had received support with preventing sore skin as per their care plan. There was no information from any healthcare professionals or specialist nurses about how to reduce the risk of people developing skin sores, and it was unclear if their involvement had been sought in a timely manner. The records had not been checked by senior staff and no action had been taken when an issue had arisen. For example one person's records showed that they had developed skin sores and bruising but that no action had been taken to address these issues. We raised this with the registered manager who could not explain why the person had not been kept safe. People were at risk of their skin breaking down because the provider did not have a robust process that ensured people got the skin care they needed. The registered manager may want to consider national guidance issued by the National Institute for Health and Care Excellence in relation to this area.

During this inspection we found concerns with how the provider monitored that people took their medication safely. Poor medication recording meant it was not possible to identify if people had received their medication as prescribed. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives felt that they received a safe service. Staff were aware of their responsibilities to protect people from harm and abuse. A relative told us, "[The person] is kept safe." A member of staff commented, "People are really safe, I would say they are all safe." Staff we spoke with were aware of how to protect people from the risk of harm. All the members of staff we spoke with told us the external agencies they could contact if they had any concerns about a person's safety. Staff told us, and records showed that staff had received training in how to recognise and keep people safe from the risk of abuse and we saw this information was displayed in the office for visiting staff.

The provider had a system that managed risks to people in order to protect them from harm. Senior staff assessed people's needs when they initially joined the service and conducted regular reviews. This ensured they had identified and were checking they were able to meet any risks associated with people's support needs. Staff we spoke with were knowledgeable about the risks associated with people's specific conditions and could describe the actions they would take to protect people from harm. We noted that care plans were detailed and gave guidance for staff to follow when supporting a person. Care plans we viewed were clear, detailed and specific to the person. When we spoke with people however, two people told us that they did not have care plans in their homes for staff to use and refer to as needed. This meant that staff might not know how to support and care for a person safely and in line with their wishes and preferences. We made the registered manager aware of these concerns.

There were enough staff to keep people safe and meet their needs. People confirmed that they were always supported by the number of staff identified as necessary in their care plans. The registered manager told us that they tried to have the same carers visit the same people. Staff told us they usually cared for the same people. However one relative told us, "We keep getting lots of different carers but it's getting better now."

We saw that the provider had a system for recording accidents and incidents, but that none had taken place since the provider moved to their current location in April 2016.

People told us staff had enough time to support people in line with their care needs. One person told us, "There's nothing they wouldn't do for me, I'm even teaching [a member of staff] to embroider." A relative said, "Sometimes they do extra things." People told us that the staff were sometimes late, but that they understood this and were contacted by telephone. One person said, "They are on time usually, but they phone and tell me if they are late." A relative said, "[Staff] do run late, but they text me in advance."

The registered manager had devised detailed processes for ensuring appropriate checks were undertaken before people were employed by the service. We looked at three staff recruitment files and saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We saw that the registered provider's recruitment process included obtaining the relevant checks before staff worked with people. These checks included references and criminal records checks when staff joined the service. This ensured people were supported by staff who did not pose a risk to their safety.

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some people did not have capacity to consent to their care and we found that the provider had not understood or used the processes within the mental capacity act such as capacity assessments or best interest meetings to support them with their choices. We saw that some people's relatives had signed their care plans on their behalf without having the legal authorisation to do so. All the people we spoke with who had capacity told us that staff would seek their consent before they provided care. We noted that staff had received some training around mental capacity issues but when we spoke with staff they did not have a robust understanding of its meaning or application. This meant that the provider had not made sure that people without capacity were supported to have decisions made in their best interest.

All the people we spoke with said they were happy with the care they received. People told us that the service met their needs and supported their wellbeing. Comments included: "We've been very happy with them," and "They seem quite capable." Another person told us, "They have been very good, absolutely brilliant."

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. Staff were provided with training in core areas as well as more specialised training to meet specific needs of people they supported. One member of staff told us, "[The company] give good training and NVQs, we get refresher training too." We saw that the registered manager had a process to ensure that staff training was regularly refreshed.

The registered manager explained the provider's induction process for new staff which included an introduction to the people who used the service and observations of the new staff, to ensure they demonstrated the skills needed to meet each person's care needs. The registered manager and staff confirmed that new staff completed the Care Certificate which is a nationally recognised induction programme for new staff. All the staff we spoke with confirmed that their induction had prepared them to fulfil their roles and responsibilities. This included spending time shadowing other more experienced staff. We saw evidence that the care coordinators conducted observations and supervisions with established care staff in order to ensure they remained competent to support people in line with their care plans.

We saw that records had detailed guidance for staff about how to support people's specific conditions, and

staff we spoke with were knowledgeable about how to meet the needs of the people they supported. Staff commented, "The care plans are really useful….they are really good." Staff told us they had regular training and updates when people's conditions changed at supervision. One person said, "They seem to know what I like, because they know me very well now." Another person said, "I tell them what I want doing and they just get on with it."

Most people who used the service were supported by relatives or friends to make their own meals and drinks. Those who required support from staff said they were happy with the support they received. One person said, "I like my food, they give me what I want, it's very good." Another person told us, "They make me breakfast and they get me what I want." Although staff were knowledgeable about people's nutritional requirements, care plans did not contain detailed information about people's conditions which could be affected by their diet, such as someone with diabetes. We saw that some people who were supported with their meals had what they ate recorded. On the care records we looked at we saw that this information was recorded very inconsistently, with large gaps and no method of checking if a person had received enough to eat or drink.

The registered manager told us that one person needed full support with their food and drink. We looked at the person's records and saw that the staff had only recorded nine entries of when the person had eaten over a time period of four weeks. The persons care plan clearly specified that these areas should be monitored and recorded. This had not happened and the service could not be sure the person was receiving adequate nutrition and hydration to keep them healthy and well. We raised this concern with the registered manager who told us that the person had received food and drink of their choice. The provider did not have a system in place to identify the failure to monitor if people assessed as at risk had received adequate food and hydration.

People told us and records showed that they had access to health care professionals when necessary to maintain their health. We saw that people had a written medical history that helped the service to support each person with their health requirements if needed. We saw evidence that staff regularly contacted doctors, therapists and social workers on people's behalf or when they felt they were becoming unwell or required their care needs reviewed.

Good

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and people were happy to be supported by the service. Comments included: "Brilliant carers really," and "They are lovely, I can't grumble." People told us that staff were considerate and respectful of their wishes and feelings. One relative told us, "They are brilliant, there are hugs and kisses and [staff] are very loving." Another person said, "[The staff] are lovely, they really are very thoughtful and are so kind." A member of staff told us, "I just love my clients."

People said they were supported by staff who showed them kindness and gave us examples such as staff bringing them meals, spending extra time with them and helping with ad-hoc chores such as shopping. One person said, "They ask me if I want things done and do little errands for me." Staff we spoke with could explain people's specific needs and how they liked to be supported. Staff spoke very warmly about the people they supported and knew in detail what each person liked and disliked. A relative told us that a member of staff, "went over and above," what was expected of them to care for the person they were supporting , for example by offering to get things from the shops for them on the way to their house. Staff told us and people confirmed that they gave people choices and involved them in making decisions about their care and daily lives.

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. This started at the initial assessment and then continued when the care plans were reviewed. Records showed that people were consulted about their care and how they wanted to be supported. People felt involved in how their care was provided.

Staff were knowledgeable about how to make sure people's privacy and dignity was protected. People told us staff would knock and introduce themselves before entering a person's home. One person said, "They shower me in private and look after me nice. They treat me with good respect." Another person told us, "They are never rude, they are very nice." Staff told us that people's independence was promoted when they assisted with personal care. For example, staff told us if people were able to wash themselves or get dressed themselves this was encouraged. All the staff we spoke with said they would assist people to be as independent as possible.

Good

Is the service responsive?

Our findings

All the people that we spoke with told us they were happy with the care and support staff gave them. Care records we looked at detailed people's preferences about how they would like to be supported. People told us, "They seem to know what to give me," and, "They know what I like because they know me very well now." A relative said, "I'm very satisfied, [the staff] work well, there's no problems." Records demonstrated that people and their families had contributed to assessments to identify individual people's support needs. We saw this included a personal history for each person. Staff we spoke with were aware of people's preferences and gave us examples of how they supported people in line with their wishes.

Reviews took place regularly and when people's care needs changed and records were updated so staff had up to date information. We saw evidence that senior staff had reviewed people's care plans when their healthcare conditions changed and had sometimes involved other professionals although no professional support had been sought in respect of peoples skin care. People told us they were supported by consistent staff which had enabled them to build up an understanding and knowledge of how to respond to people's specific care needs. The registered manager tried to ensure that people were supported by staff of their choice. One person said, "I got a new carer because I didn't like the first one."

We saw that where possible people were supported by staff of the same gender and cultural background. For example, we saw evidence that a person from a particular cultural background wanted to be supported by staff who spoke their language and understood their culture. The service had supported the person and their family to be part of the recruitment process of staff to select someone with the correct range of skills and knowledge to meet the person's needs.

The service had a procedure in place about how to make complaints. People we spoke with told us they were able to report any concerns they had. One person we spoke with told us, "I would complain to the manager if I needed to." We saw that people were provided with the complaints procedure when they started to use the service. A relative told us, "I would check all the numbers in [the information] we have been given if I needed to complain.

We saw that the registered manager had a system to record each complaint. We noted, however that no complaints had been received by the service since they had moved to their new office location four months ago. Staff gave us mixed responses in relation to whether or not the service would respond appropriately to a complaint. One member of staff said, "I don't know if any complaints would be dealt with, I'm not confident." Another member of staff told us, "We could complain if we want to, the managers would listen and do something." We spoke with the registered manager who was aware of the duty of candour regulation and the need to learn from complaints and concerns that people and staff might raise.

Requires Improvement

Is the service well-led?

Our findings

There were ineffective systems in place to ensure audits and processes would improve the quality of the service. Quality reviews undertaken were not always effective. We looked at the care records of four people and noted that two had recently been audited. These audits of people's care plans had failed to identify that they did not contain detailed information for staff about how to protect people from the risks related to their care needs and the support provided. Audits had not identified that medication records regularly failed to state if staff had supported people to take their medication as prescribed. The audits had also failed to identify that where people had received support to avoid skin breakdown, no actions had been taken when staff had noted deterioration. Audits had failed to identify that, where needed, staff had not recorded the food and drink people had been supported to have. The provider had not recognised that these were areas for improvement.

We noted that the provider had conducted a survey to capture people's views about the quality of the service and senior staff regularly visited or called people in their own homes to seek feedback. We saw that in some instances there were improvements to the quality of the service as a result. We noted however that these improvements were at an individual level which focussed on improving one person's situation. The provider had not looked for trends across the service to improve overall service delivery.

A survey from June 2016 had been conducted with staff. Some areas of concern that had been raised in the survey had not been checked or actioned by the provider. For example the survey analysis identified that 20% of staff said that people's records, such as care plans and risk assessments, were not available to them at peoples' homes. Two people we spoke with on the telephone confirmed this was the case. The provider had not acted on information gathered in a timely manner to improve the quality and safety of the service.

Processes in place for monitoring and improving the quality of the service were not effective. The provider did not have robust systems to audit, monitor and improve the quality of the service in a timely manner. The lack of effective systems to assess and manage risks and maintain a service that is compliant with the regulations is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout the inspection concerns were raised about communication between the provider, staff and people. One person told us, "When the carer couldn't come one day the office didn't tell me or provide a replacement." Another person said "The manager is nice but she doesn't let me know when [staff] can't come." Staff told us, "Sometimes communication is missed." and "About 80% of the time we know what's going on and [the office] tells us, but for 20% of the time we don't know." and "I'd feel more of a team member if we had better communication ." Staff also told us that text communication was used well and that they had the opportunity to attend staff meetings.

People we spoke with had mixed comments about how well led they thought the service was. Comments included: "The manager is very nice," and "I'm pretty happy with the service we get." and, "[The company] is run quite well really." Other people's comments included, "The assessment was a bit patchy, and the office

isn't doing a good job," and, "[The care] is only being successful by luck rather than judgement." Staff had positive things to say about the company and in particular the support received by the registered manager. Staff commented, "The company is always there for us, 24/7," and "I'd have my relative looked after by this company," and "The manager always gets things done; they really care about the clients."

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. There was a registered manager in post. The registered manager had ensured that effective notification systems were in place. The registered manager was aware of their responsibilities to the Commission. There was a clear management structure in place which staff knew.

There was a common vision for the service which was shared by all the staff we spoke with. Staff told us they were committed to providing a good service and developing caring relationships with the people they supported. All the staff we spoke with told us that there were good training prospects and felt that this was a positive aspect of working for the service along with the continuity of working and supporting the same people of a daily basis.

The registered manager told us that a small number of people who used the service did not have capacity to make decisions for themselves. Decisions had been made about the person's care in isolation without appropriate best interests' decisions being made. We found that the registered manager did not have an understanding of their responsibilities in relation to the Mental Capacity Act.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found concerns with how the provider monitored that people took their medication safely. Poor medication recording meant it was not possible to identify if people had received their medication as prescribed

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems to audit, monitor and improve the quality of the service in a timely manner.