

Joymac Care Ltd

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Inspection report

Abbey House
18-24 Stoke Road
Slough
Berkshire
SL2 5AG

Tel: 07462866989
Website: www.joymaccare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 27 July 2018 and was announced. This was the first inspection of the service since its registration in August 2017.

This service currently provides care and support to people living in one 'supported living' setting, so that they can live in their own home as independently as possible. At the time of this inspection the service supported one person. One other person shares the house but receives no personal care support and so is outside of the regulatory remit of the Care Quality Commission (CQC). People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a registered manager in place as required. 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. Twenty-four-hour support was provided by care staff within the house. A small 'office' on site contained the necessary records and secure storage.

"The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." (Registering the Right Support CQC policy).

The service provided safe care to people and staff knew how to report any concerns about abuse. Appropriate assessment and risk assessment helped ensure people's needs were met and any risks identified and acted upon.

People's medicines were well managed on their behalf.

People were further safeguarded because the service had a robust recruitment process to ensure as far as possible, the suitability of staff. Some recording improvements were needed regarding recruitment records and these were addressed following the inspection.

People received care which effectively met their needs. They and their representatives were involved in decision about their care and care plans were detailed, enabling person-centred care. People's dietary and health needs were met effectively.

People's rights and freedom were protected in the way staff worked. 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.

Staff completed a thorough induction and training and received ongoing support through regular one-to-one supervision. The registered manager planned to carry out annual appraisals for staff who had been in post over 12 months.

People and relatives said staff were kind and caring. Staff worked with people in a respectful way, treating them as adults. People's dignity and privacy were respected in the way staff worked with them and their diverse needs were met.

The service was responsive to people's changing needs and listened to ideas from people and their representatives. No complaints had been made but people and relatives knew they could speak to the registered manager about any concerns. People were supported to access activities and places of interest to them and lived fulfilling and active lives.

The registered manager had appropriate systems in place to seek the views of people, their representatives and other stakeholders. He also had systems in place to oversee the effective operation of the service and carried out monthly audits for the provider. Regular staff meetings, spot checks and the on-site managerial presence helped ensure staff knew the expectations upon them and worked in the way expected of them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and well cared for. Staff understood how to keep people safe and knew how to report any concerns. Staff had received training on safeguarding adults.

Behavioural support was provided according to written support plans and staff had been trained to apply them. People's medicines were safely managed and administered on their behalf.

Potential risks were appropriately assessed and acted upon. The service had a robust recruitment procedure although some improvements to associated records was required and addressed.

Is the service effective?

Good ●

The service was effective.

People felt involved and said the staff met their needs. People's support needs were assessed and identified.

People's rights and freedom were preserved in the way staff worked with them and staff sought their consent before delivering support.

Staff received an appropriate induction training and their competence was assessed. Ongoing support was provided through regular supervision.

People's healthcare and dietary needs were well managed.

Is the service caring?

Good ●

The service was caring.

People and relatives found the service and its staff to be caring and staff treated people with kindness.

People were treated with respect and dignity and their consent

was sought when support was offered.

Care support was provided in ways which were sensitive to people's privacy.

Is the service responsive?

Good ●

The service was responsive.

People's diverse needs were identified through thorough assessment and provided for.

People had individually planned activities to meet their interests and needs.

Key information was provided in accessible formats and people's varied communication needs were supported.

People and relatives knew how to complain and felt they would be heard.

Is the service well-led?

Good ●

The service was well led.

Relatives were happy the registered manager was accessible and responsive.

The registered manager had effective systems in place to monitor the quality and effectiveness of the service.

People's views about the service were sought and acted upon.
The service consulted appropriately with external care and health professionals.

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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 was the first inspection of the service since its registration in August 2017. This was a comprehensive inspection carried out by one inspector. It took place on 27 July 2018 and was announced. We gave the registered manager short notice of the inspection because the service provided support for people with a learning disability, some of whom had needs on the autistic spectrum. This enables staff to prepare people for the inspection to avoid causing them unnecessary anxiety.

The inspection was carried out at the provider's supported living house because all the required records were on site. This gave us the opportunity to have a conversation with the person supported by the service about their experience. At the time of this inspection, the service provided personal care support to only one person. One other person also lived in the house, who required no support with personal care and so was outside our inspection remit. Additional people had previously received personal care support but were no longer living there.

The service had submitted a provider information return (PIR), in July 2018. 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 looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed the information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted a representative of the local authority who funded the person supported by the service, for their feedback and received no concerns.

During the inspection we spoke with the registered manager, and two other staff. We examined the person's care plan and other documents relating to their care. We looked at a sample of other records to do with the operation of the service, including, training and supervision records and medicines recording. Following the

inspection, we spoke with a relative, to obtain their views about the care provided.

Is the service safe?

Our findings

One relative was happy their family member was safe and well cared for by the service. The person supported by the service said they felt safe and their responses to staff during the inspection indicated they felt comfortable with staff.

Staff understood how to keep people safe, had completed safeguarding training and knew their responsibilities if they were concerned about abuse. Where a concern had arisen, it was fully reported and investigated. No concerns about the care provided were found.

People were kept safe by consistent and effective behavioural support provided by staff in accordance with written support plans. A behavioural analyst had been involved in writing personalised behaviour support plans and had provided behavioural support training to staff. Incidents were recorded and reviewed, any lessons learned and the support provided had been adjusted to maximise its effectiveness. No instances of physical intervention had occurred. Staff used de-escalation techniques to re-focus the person or they had been supported to leave a situation where they were showing anxiety. Where necessary in the past, the support of the police had been sought appropriately to assist with managing situations.

A wide range of health and safety and servicing checks were carried out to ensure the safety of the environment. These included fire safety servicing, electrical testing of wiring and appliances and water temperature testing. The registered manager arranged for an updated gas safety check following the inspection when it was discovered to have expired.

Where potential risks were identified they had been addressed through personalised risk assessments and risk management plans. These contained the information necessary for staff to respond appropriately to minimise the risk.

People were kept as safe as possible because the service had a robust recruitment process which included all the required checks. The records showed the process had been followed except one person's employment history did not include a full record of employment dates and others did not always have both start and end dates of employment to show continuity. The registered manager was aware of their employment history but this needed to be recorded for the record. This was addressed following the inspection.

The local authority had raised concern because one staff member had been working in the service whilst awaiting the result of their Disclosure and Barring Service (DBS) check. The staff member had a DBS from the previous employer and an update had been sought using the on-line system but had not been filed. The registered manager had taken on board the advice given and agreed to ensure the stated process would be followed in future. There were sufficient staff employed to meet the needs of the person supported. The registered manager was working to recruit some casual staff who could cover any shortfalls. Until then he covered staff shortfalls himself if other staff were unable to do so.

People were kept safe because medicines managed on their behalf were safely stored and administered. Staff had received medicines management training and their competency had been assessed through observation before they were allowed to administer. Administration records were checked daily and audited monthly. One medicines recording error had occurred but there had been no administration errors. Action had been taken to improve practice in one instance where concerns had been raised by a visiting care manager. People's medicines needs were regularly reviewed. One person's medicines dosage had recently been reduced following review. Medicines used to address agitation were prescribed on an as required (PRN) basis but had only been used twice, because staff had usually succeeded in helping the person reduce their agitation without the need for the medicine. Appropriate PRN protocols were in place for this and other medicines, describing the circumstances when they could be given.

Is the service effective?

Our findings

A relative told us the service met their family member's needs very well. They said, "Excellent, everything is going fine." The person supported was involved in day to day decisions about their care and activities.

People's needs were thoroughly assessed prior to the development of a detailed care plan. Transition plans were devised to try to ensure moves went as well as possible. As people shared the facilities of a house, their potential compatibility with existing tenants was also considered. People's existing self-care skills were encouraged and referred to within their care plan. Staff provided effective support both within the house and outside in the community to enable people to have a diverse range of experiences and a fulfilling lifestyle. People were supported to develop skills around self-care and independence as much as possible and as the person wished.

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.

A relative agreed staff respected their family member's wishes. Their consent was sought before support was provided. One person said they chose what they wanted to do. The registered manager and staff demonstrated a good understanding of mental capacity considerations and supported the person to make decisions. Where best interest decisions had been made, these were recorded within the person's file and had involved relevant people. For example, a best interest discussion had taken place regarding one person having pets. This had proved very positive and motivating for the person who was actively involved in the animals' care. A further best interest discussion was planned around the possible use of health monitoring technology, once decisions had taken place with a specialist.

All five of the current staff had completed the nationally recognised 'Care Certificate' induction training to ensure they had the necessary skills to support people. The registered manager had completed assessor training to enable him to carry out the competency assessments of staff following completion of each unit of the Care Certificate. A programme of ongoing training updates was planned once they became due. Staff had other relevant qualifications including a social work degree and National Vocational Qualification (NVQ) in social care. The registered manager and the nominated individual for the service attended training alongside staff. Staff had not attended a certificated first aid course. The registered manager arranged for this to be provided immediately following the inspection.

Staff received ongoing support about their work through regular one-to-one supervision meetings, six times per year. The registered manager worked at the house daily so was available to provide ad hoc support if necessary and to observe care practice. Additional spot check visits had also taken place to monitor practice. The registered manager planned to carry out annual appraisals now some staff had been in post for over 12 months, but had yet to commence these. They were scheduled for August/September 2018.

People were offered support with food shopping, meal preparation and encouraged to eat a healthy diet whilst respecting their right to make choices. People received effective support with healthcare issues and had a completed 'Health action plan'. They were supported to attend regular routine health checks and any necessary specialist appointments. For example, with an epilepsy specialist. Systems were in place to monitor the risk of seizures, whilst respecting the person's independence and privacy. Improved monitoring devices were being explored to address the risk of seizures at night. An epilepsy care plan identified the way staff should respond. Care files contained information about people's health needs and how they were addressed. A detailed 'Hospital passport' had also been completed to provide hospital staff with the necessary information in the event of admission.

Support and advice was sought appropriately from external health and care professionals and their advice was acted upon.

Is the service caring?

Our findings

One person said staff were kind and looked after them in a caring way. A relative agreed the staff were caring. They said, "Staff know [name] very well," and "Staff are caring." When asked if staff respected people's dignity and privacy, the relative said, "Yes, all is fine."

People were treated with kindness. We saw staff interacted respectfully and kindly with people, and were clearly aware of their needs and their preferred communication methods. Where necessary, communication aids were used to support people's communication.

Staff received training input on dignity and privacy as part of their 'Care Certificate' induction training programme. Additional computer-based learning was provided and respect for dignity and privacy were discussed in team meetings.

People's dignity and privacy were respected in the way staff worked with them. Care support was delivered in private and people's gender preferences were respected, regarding the staff providing personal care. People's consent was sought prior to support being provided.

People's necessary healthcare monitoring was provided discretely by staff and allowed the person as much privacy as possible. This was particularly so where the person could manage aspects of their own care without direct support. For example, where it was necessary to monitor for the risk of seizures, this was done so as to have as little impact on the person as possible.

Staff provided prompting and other support only when this was necessary. They might present a small number of options to the person to enable them to manage the process of choosing. Wherever possible people were encouraged to make decisions themselves and do what they could for themselves.

The registered manager told us people's spiritual needs were respected and supported where applicable. No one had any specific spiritual needs at the time of this inspection.

Is the service responsive?

Our findings

One person told us staff supported them to access activities in the community. They were also especially proud of their role in looking after their pets and described how they fed them and cleaned out their cages. A relative was happy with the communication between themselves and the service. They felt consulted and involved appropriately. They told us they could, "Call the manager any time to discuss anything."

People's needs were assessed and any identified risks also assessed in developing a detailed care plan. People were involved in planning their care as much as they were able and wished to be and the views of relevant others were also sought. Care plans contained a level of detail about the person's needs in all areas to enable staff to deliver person-centred care. Areas covered included health, behavioural support, social and emotional needs. Care plans were regularly reviewed as necessary.

People's support needs were assessed and the identified level of staff support was provided to ensure their needs were met responsively. This enabled people to enjoy a varied and fulfilling lifestyle. Contact with family was supported by staff as part of the agreed care plan.

People's diverse and individual needs were met by the service. For example, one person previously supported had been a Polish speaker. The service had employed a Polish speaking staff member to help meet their communication and cultural needs.

People's needs around entertainment and activities were provided for. For example, staff ensured one person was supported to access the community twice a day when they wished. They were supported to go to places of interest to them.

The service was working to develop their compliance with the Accessible Information Standard, which 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. One person had a pictorial activities planner to support communication between them and staff in relation to their activities. The service had a complaints procedure which was available in easy-read format where necessary, to support people with understanding their rights.

No complaints had yet been recorded so it was not possible to assess how the service responded when issues were raised. One positive feedback email had been received from a local authority since the service first registered in 2017. One relative said they had raised an issue informally and it had been addressed to their satisfaction. Improvements had been made in response to feedback received from family and professionals. This included greater independence within the house, increased community access and involvement in maintaining the garden.

The service used a variety of communication aids and systems to support people to communicate how they wished. For example, these included the use of picture and symbol cards where appropriate and 'now, next and later' boards. In the past, an online translation service had been used to aid communication.

Is the service well-led?

Our findings

A relative told us they felt the service was well run and the registered manager was always available if anything needed to be discussed.

A registered manager was in place running the service as required. 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.

The registered manager worked at the service most days and was thus able to effectively monitor the care provided through direct observation. He was also on call out of hours to support staff or offer advice where necessary. The registered manager also carried out periodic spot check visits out of hours as part of his quality monitoring. Team meetings took place, usually monthly and were minuted. They included reference to the legal responsibilities of the service, staff training and other relevant issues. Feedback had been sought from staff via a survey in 2017/18. The feedback received was positive.

The registered manager had systems in place to monitor the service which were suitable for the scale of the service which was based at a single supported living house. Should the service increase significantly in size, additional monitoring measures would be necessary. The registered manager completed monthly management reports to the registered provider which identified tasks and when they had been completed. A governance and quality assurance process was in place. The registered manager monitored any accidents and incidents to identify patterns or concerns.

An operational development plan was in place for the service for the period July 2017 to March 2018. The registered manager agreed to review the plan and develop one for the current year. This was supplied following the inspection. The registered manager was aware of his legal notification responsibilities. A notification is information about important events which the service is required to tell us about by law. He had notified the Care Quality Commission of reportable events.

A quality audit had been carried out by an external consultant in April 2018. This led to an action plan for the registered manager to address some points raised. The local authority had also carried out a quality assurance visit in October 2017 which was broadly positive, giving the service 67% compliance with their requirements. An action plan resulted, which was completed.

The views of people and relatives had been sought via survey, using an easy-read survey where necessary in the first three months of 2018. The feedback received was positive. The registered manager had also spoken informally to people and relatives and planned to arrange quarterly meetings around social events such as a barbecue, for families to attend. These would offer people and families further opportunities to raise any concerns face to face, in addition to the opportunity during care plan reviews. As the service increases in size the registered manager said he planned to carry out further surveys.

The service had sought and acted upon advice where necessary from external care and health professionals. For example, the advice of epilepsy nurses, care managers and a consultant.