

Just Care (North West) Ltd

# Just Care (North West) Limited

## Inspection report

The Old Police Station  
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Runcorn  
Cheshire  
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Tel: 01928588506

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 7 March 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone was available in the office as well as giving notice to people who used the service that we would like to visit them in their homes or speak with them on the telephone.

Just Care is a domiciliary care agency situated in Runcorn Old Town that provides care and support to a range of people in their own homes. The range of support includes assistance with personal care, domestic duties, shopping and meal preparation.

At our previous inspection in November 2013 we found that the provider was meeting the regulations in relation to the outcomes we inspected.

At the time of our inspection there were 61 people using the service, with a variety of care needs, including people living with dementia.

The service has a registered manager. 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.

During this inspection we found one breach of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were ineffective systems in place for the safe management of medicines. You can see that action we told the provider to take at the back of the full version of this report.

The manager was available throughout the inspection and engaged positively with the inspection process. The manager was friendly and approachable; she operated an open door policy for people using the service and staff.

Throughout the inspection we consulted people who used the service. We also spoke with staff from the service and obtained the views of four health and social care professionals who had contact with the service. Feedback was positive and people said they had no concerns about the care they received or the staff who provided it. People told us that staff were caring and treated people with dignity and respect. They told us that the service provided was excellent. They said they had complete trust in the staff and felt safe when they were around.

Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe whilst allowing people to develop and maintain their independence.

People were supported by a stable and consistent staff team who knew people well and had received

training specific to their needs.

People had support plans in place but they did not identify clear details of medicines required and the medicine administration records (MAR) contained conflicting information.

Staff told us they enjoyed their work and were well supported through supervision, appraisals and training.

The registered manager spoke highly of the staff describing them as committed and enthusiastic in their approach to their work.

Staff had high expectations for people and were positive in their attitude to supporting them. They were respectful of the fact that they were working in people's homes. The service offered flexible support to people in order to meet their needs.

The management team had a clear set of values which were apparent throughout our visit. People who used the service told us that the service was excellent, well organised and effective. Staff told us they felt valued and empowered. They said the management team were supportive and the service was very well managed.

We found that care was provided by sufficient staff, however we noted that the agency was carrying out a recruitment drive to add to the current staffing numbers so they could have a more flexible approach to staff working hours

The relationships we saw between staff and people who used the service were most positive. Staff members had developed good relationships with people who used the service and care plans clearly identified people's needs, which ensured people received the care they wanted in the way they preferred.

Staff knew about the need to safeguard people and were provided with the right information they needed to do this. They knew what to do if they had a concern.

## 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.

Medication was not always managed safely.

Risk assessments supported people to develop their independence while minimising any inherent risk.

There were sufficient numbers of staff to meet people's needs.

The recruitment and associated processes were robust.

### Is the service effective?

**Good** 

The service was effective.

Staff were supported by a system of induction, training and supervision.

People received support from stable staff teams who knew their needs well.

People were supported to access other healthcare professionals as they needed.

### Is the service caring?

**Good** 

The service was caring.

Staff had high expectations for people and had formed positive relationships with them.

People were treated with dignity and their privacy was respected.

Staff provided people with information and explanations in respect of their care and support and assisted them to maximise their independence.

### Is the service responsive?

**Good** 

The service was responsive.

Care and support plans were personalised and informed and guided staff in how to provide consistent care to the people they supported.

Care and support plans were regularly monitored, reviewed and updated to ensure all current needs were addressed.

There was a complaints policy in place, to which people had access.

**Is the service well-led?**

**Good** ●

The service was well led.

The management team were open and transparent.

The service had a clear set of values and visions.

Quality audits were carried out to monitor the quality of the service.

# Just Care (North West) Limited

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on 7 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in attendance at the office. We also needed to gain permission to meet with some of the people who used the service.

The inspection was undertaken by two adult social care inspectors and a specialist advisor who had experience in domiciliary care and care planning provision.

During the inspection we visited the office and reviewed a sample of the service's policies, procedures and training files. We also looked at seven care plans, four staff files, the complaints file and other documentation relating to the running of the service.

As part of our inspection planning we reviewed the information that we held about the service including statutory notifications received from the provider, these statutory notifications include important events and occurrences which the provider is required to send to us by law. We reviewed previous inspection reports and we contacted the local authority contract monitoring team to gather further information. We also asked the provider 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 used this information to help to plan our inspection.

The service provided care to 61 people at the time of our visit.

We used a number of different methods to help us understand the experiences of people who used the service. We visited two people who used the service and spoke with a further 19 on the telephone. We talked with 12 staff members as well as the registered manager and the care co-ordinator.

We observed staff interactions with the people who used the service and saw they spoke quietly to people and supported people with tasks in a calm and respectful way. Staff asked people questions in a way that made sure they were helped to understand and were able to respond in a way that reflected their rights and choices.

People who used the service told us that the service was excellent; staff were kind and caring and generally turned up on time.

# Is the service safe?

## Our findings

People told us that they felt safe with the staff who visited them. Comments included "They are a fine bunch who look after me well. I feel safe in their hands" and "They do something called a risk assessment to make sure my house is safe for me and for them to work in. The girls (staff) are all lovely and kind and I am fine with them all".

During the inspection we checked to see how the service managed and administered medicines safely. We visited two people in their own homes and looked at how the medicine administration was recorded including when and by whom medication was administered. We noted that one person was prescribed a medication at breakfast and at night. However we noted that although the morning tablet had been signed as being taken we saw that the tablet was still in the pack when we visited at lunch time. The person told us that because they had attended a hospital appointment that morning they had chosen to leave the tablet until their return home. However staff had signed the medicine record to say it had been taken. We looked at a further five care plans and we found that 'as required medicines' were not recorded consistently in people's support plans. A person had been identified as requiring help to manage their pain but there were no clear details indicating how this should be managed in their support plan. Recording this information would provide consistency between staff and provide a clear audit trail, which would assist in the assessment and management of pain.

We saw that policies and procedures were in place to help ensure that people's medicines would be managed appropriately however we noted that they did not provide correct details of how to record the administration or prompting of medicines. Staff members confirmed that they had received medicine training but they were unsure of the correct methods to use to record the process. We found that the registered manager had not protected people against the risk associated with the safe management of medication.

This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. The registered provider had not ensured that medicines were managed safely.

We informed the registered manager of the discrepancy and they assured us they would review the medicines administration sheet and update information regarding how 'as required' medicines should be managed. The registered manager told us that the service was in the process of updating their medicines policy to ensure that it was in line with current guidelines; however they said they had been unsure where to get advice on managing medicines in a domiciliary care setting. They told us that they had approached the local authority contracts and commissioning department, a local pharmacy and had checked with guidance provided by The Care Quality Commission to gain knowledge and understanding of the correct way to record medicines which had been administered. They showed us the information they had sourced as to how they would record medicines in the future with the use of an updated medication recording sheet.

We saw that the service had appropriate arrangements in place to keep people safe and reduce the risk of



abuse. There were safeguarding and whistleblowing policies and procedures kept in the office, which were accessible to staff. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns.

Staff spoken with understood the signs of abuse, and how to report concerns within the service and to other agencies. Concerns about abuse were appropriately reported and actions taken to protect people. We looked at the service's safeguarding adults policy and saw how the service managed safeguarding concerns.

Accident/incidents and near misses were reported in detail which included any triggers and immediate actions taken. Where incidents were more serious, staff contacted senior staff immediately for advice and support, including out of hours. All reports were reviewed by the registered manager who took any further actions needed to reduce risks.

Recruitment processes in place were robust. We looked at the staff recruitment process carried out by the service and examined the files for two newly appointed staff members and two longer term staff. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the service required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started working for Just Care.

We spoke with 12 care staff who told us they felt there was just enough staff employed to meet people's needs and kept them safe. However they said that they 'ran a tight schedule' to ensure they adhered to the allocated times of the visits. We carried out an observation of two home visits and saw that the care staff arrived at the given time and stayed for the allocated time.

## Is the service effective?

### Our findings

People told us that they were provided with care and support from 'people who knew what they were doing'. Comments included "They are all good at what they do. They always know what to do when they are here to help me manage" and "They always ask me what I want although they know I don't want to change anything. It's good that they do that because maybe one day I will want something different".

When a new staff member commenced work at Just Care they undertook an induction in their new workplace; this would be for a minimum of two weeks during which time they would be a supernumerary member of staff and would shadow existing staff members. They would then be enrolled and undertake the Care Certificate that could take up to three months to complete. The induction programme was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently.

Records showed that all staff had annual updates that covered areas such as medication, equality and diversity, moving and handling, fire safety, food safety, COSHH, safeguarding, person centred values, cross infection and hygiene. Other areas such as the Mental Capacity Act and dementia awareness were also included in the training. We were able to confirm this content when we looked at the work books staff members completed during their training. Discussions with staff demonstrated they had received ongoing training to ensure they were competent in their role. However it was noted that although staff had received training in medication management, the training provided did not provide correct details of how to record the administration or prompting of medicines. This has been addressed in the safe section of this report.

We asked the five staff members about training and found that they were all at different stages of the processes above. One staff member had only just completed their induction and confirmed that they had shadowed experienced staff for a month and felt well supported. The other staff were up to date with the mandatory training and one of them had requested extra training in dementia care. All of the staff members said that the training provided by the agency was very good and that it was up to date.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs. One person who had recently completed their induction told us, "I worked for another care company before I came here. I cannot believe how much training and support we get. It's much more than I was ever given at my last place. The induction has been super and I have learned a lot". Staff files held details of supervision sessions being held and also detailed when spot checks and observed practice had been undertaken.

During the home visits we observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. During our visits we saw that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright

rather than assume consent.

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.

We checked whether the service was working within the principles of the MCA and found that policies and procedures had been developed by the service to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA).

Staff confidently made use of the Mental Capacity Act 2005 and other legislation and involved people in decisions about their care so that their human and legal rights were upheld. For example, the registered manager told us about how they were involved in supporting a person who used the service to have contact with their son who experienced a mental health illness to ensure they were getting the support they required.

Before the service commenced each person's individual care needs were assessed to check what care and support they wanted and needed. Senior care staff were involved in creating detailed care records about them, which were updated regularly, so that staff had all the information they needed to support each person. Staff had a detailed knowledge of each person's health care needs, recognised changes in people's health and sought health professional advice appropriately. For example, one person had a mental health condition and in certain situations experienced severe depression. Their care records included information about signs which might indicate the person was becoming unwell. Staff told us how the person had recently been unwell and how they had recognised this by the changes in the person's behaviour. They contacted the person's GP and mental health team for advice and followed that advice and said they were able to assist the person to regain a positive outlook.

Although the service did not take primary responsibility for ensuring that health care needs were addressed records showed that people were supported by staff to maintain their health and attended regular health appointments with their GP, dentist, optician and other specialists. One person told us that they needed to attend hospital on one morning each week and staff of Just Care enabled them to do this by 'organising things so that the weekly appointment could be met'.

## Is the service caring?

### Our findings

We asked people how they felt about the caring approach of the staff. Without exception people praised staff for their caring and professional approach. Comments included "They are excellent, they have provided me with superb care and compassion", "They are always friendly and polite" and "They are wonderful, nothing is ever too much trouble for them. We have a laugh and I pull their leg but I don't know what I would do without them".

People told us that staff assisted them to be as independent as possible and encouraged them to maximise their lives. Comments included "When I am getting myself ready they help me to choose my dress and cardigan to match as my eyesight is not so good now but I like to look nice. They also pick my brooch and necklace to match. When I go out I always know I look alright thanks to them" and "They enable me to retain my dignity. I am quite self-conscious about my body and the girls are aware of this. They treat me so well and enable me to keep clean without embarrassment".

Care staff described how they respected people's privacy and dignity and acted in accordance with people's wishes. Comments included "I always knock on people's doors before entering and I always close the door and curtains before I assist anyone with personal care" and "People are always asked if they want a female or a male to care for them. This assists people with choice and also maintains people's dignity". Staff told us they were provided with information about the people they supported before the service commenced. They said that this enabled them to find points of common interest and quickly establish good working relationships.

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission. They told us their induction included customer care and maintaining confidentiality of information. We saw people's care records were kept securely in a locked cabinet in the main office of Just Care.

Staff demonstrated they knew people very well and told us detailed information about how people preferred their care and support to be given. We saw these details had been accurately reflected in people's care plans which showed the staff had a good understanding of individualised care. Staff spoke knowledgeably about people's likes and dislikes, how they liked to spend their day and what routines people liked to have.

The care plans we looked at drew attention to individual needs such as how people communicated and their cultural identity. Staff spoken with displayed clear knowledge and understanding of people's diverse needs and their right to live a fulfilling life. We saw from the staff rosters and log book records that people received their care and support from the same carers in the vast majority of occasions. The records showed that the same care staff delivered a person's care. This meant that they knew the needs and preferences of the person they cared for and were able to build up a good relationship with them.

The registered manager told us that the staff were passionate about supporting people to maximise their

potential. She said that when people commenced using the service wherever possible they matched care staff to meet people's individual needs. She said that she monitored how relationships developed once staff had started working with individuals by way of observations of interactions and responses and where necessary ensured that staff were provided with specialist training to enable them to provide care appropriate to individual need.

We observed interactions between staff and people who used the service and noted the relationships were ones of mutual trust and rapport. The staff members displayed clear understanding of the people's life skills and provided them with encouragement and support to enable them to maximise their independence. The staff members, by their actions and words, instilled confidence in the people and showed awareness of any signs of discomfort and provided quiet reassurances. The staff members fully engaged with people and used appropriate language to provide any information they requested. The staff members were aware of confidentiality issues and told us that all information recorded on file was maintained securely within the main office.

Staff told us that people were involved in the daily recording process and if they challenged anything that was written it was discussed and agreement reached about the content of the recording. We noted that the registered manager had recognised that a breach of confidentiality had recently occurred and had taken appropriate action to deal with the situation. This showed that the service acted quickly to ensure that people's information was secured stored and staff were fully aware of the policy and procedures in respect of the sharing of information.

The care records we looked at were based on people's personal needs and wishes. Details were recorded of what people were able to do for themselves to enable them to maintain their independence. One person told us "It is very important to me to retain some independence as I want to do as much for myself as possible. These staff know what I can and cannot do for myself and assist me to manage my care in a way that helps me to feel Ok about myself".

## Is the service responsive?

### Our findings

People told us that they received the service of their choice from staff who understood their needs. Comments included "A social worker told me about this service and I met with the manager and we agreed what help I needed. It has been good so far, they understand me and I have got to know them. They are generally on time but I know what the traffic is like around here so sometimes they maybe a few minutes late but that's alright with me" and "They provide me with the care and support I need. They are flexible if I need to change my times or anything and go out of their way to help me with anything I need. Good service I feel".

The registered manager told us that the service received referrals through social services and self-referrals from the person or their relative to request support. The process for pre service assessment in both instances involved the registered manager or a senior staff member visiting the prospective service user to carry out an assessment of their care needs. The registered manager told us that prior to a service being provided staff would undertake an assessment of people's needs, wishes, wants and preferences together with a risk assessment to look at the environment and social risks. She told us that once the assessment had been completed and a care plan drawn up and agreed the person would be introduced to the care workers before the commencement of the service.

Records showed that once the above process had been completed the care to be provided by staff was very clearly set out. This included information about people's preferences and individual needs such as times when care staff were to call and if more than one carer was needed to provide the care and support.

All the people we spoke with during our inspection told us that this initial visit had been carried out prior to the commencement of the service.

In the care files we looked at we saw that the information provided by the local authority and the information gathered from the agency's initial assessment was then used to develop the care plan. The care plans we viewed varied in their detail, with some being more explicit in capturing information of importance to people that was personal to their needs. However we were told that some care plans were more task orientated in accordance with the person's wishes such as prepare a meal from the freezer or prompt medication.

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs. They told us that this enabled them to provide personalised support. Staff told us that they were able to read signs from the people they supported as to their state of mind. For example we were told that signs included lack of eye contact, lack of communication and apathy.

We asked staff how they ensured that people received the care they required. The registered manager told us that they had a system in place to spot check the work of individual carers. This involved a senior member of staff observing care staff whilst they were carrying out their duties in people's homes. This was

always done with the agreement of the person who was in receipt of the care. We saw records in staff files of spot checks being undertaken on a three monthly basis.

Each person's care needs were reviewed at least annually and more regularly if there were specific concerns, which we found to be the case in one of the care plans we looked at. One person's needs had suddenly changed and we noted that this had been quickly addressed. The registered manager said that it was of utmost importance that there was a positive rapport between staff and people who used the service to ensure that the care and support was maximised.

We saw that daily logs were kept and detailed how the person had been supported each day. Our observations of staff practice confirmed it was very person centred. We were advised by the registered manager that the service provided training to embed person centred culture within their practice which included how to record in a person centred way. This would help to ensure that the practice we observed was evidenced on a daily basis.

We saw systems were in place for recording and managing compliments and formal complaints. A copy of the complaints procedure was displayed on the notice board in the main office and provided to the people who used the service when the service commenced. The policy stated that complaints were to be logged, actions taken and outcomes recorded within the procedure's timescale. The service had not received a formal complaint within the past twelve months.

## Is the service well-led?

### Our findings

People who used the service who we spoke with told us they liked the registered manager. Comments included: "She runs a good service", "She puts the people first" and "A lovely service managed well".

Staff told us that they felt supported and could approach the registered manager at any time for help and advice. They said: "The manager ensures that all the staff work well together as one big team".

A positive culture was evident in the service where people who used the service came first and staff knew and respected people's right to choose.

The service had a whistleblowing policy and records showed this had been drawn to staff's attention during supervision.

The statement of purpose and service user guide were in an easy read format to make it easier for people to understand them. They also held clear details of contacts in respect of compliments, concerns and complaints about the staff or services provided.

There were other systems in place for monitoring the quality of the service. There were monthly checks carried out by the registered providers who completed an audit and action plan if any improvements were required. These included such things as staff training issues, people's money, medicines and records. The registered manager ensured any requirements were actioned.

The service used a telephone monitoring system as a way of checking that staff attended and left each visit on time to ensure people were receiving services as per their care package.

The local authority had completed a recent quality inspection, which was generally positive, and we saw that the manager had completed the few actions required in a timely manner. The manager showed a commitment to working with other agencies to improve the quality of service for people.

The registered manager told us that she and the senior staff were able to visit the people who used the service on a regular basis to discuss their care, look at their care plans and medication records. She told us that annual surveys were also used to gain people's perception of the staff and services. This included questionnaires being sent to people's relatives and health and social care professionals as appropriate. We saw some questionnaires which had been completed and returned to the service and noted they held most positive comments about the staff and service provided.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not ensured that medicines were managed safely.</p>