

Jubilee Angels Limited

Jubilee Angels

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Jubilee Angels is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to one person.

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

The person using the service was very satisfied with quality of support provided. Their comments included, "I would more than recommend the quality of the service, support and staff." The service had also received positive feedback from the person's relative. Their comments included, "The carers have sometimes gone beyond their duties in caring for my (family member). I would highly recommend Jubilee Angels."

The person using the service did not express any concerns about their safety. Support was provided by the same core group of staff, which promoted good continuity of care. Systems were in place to safeguard people from abuse. Medicines were managed safely at the service. Staff had received infection control training.

Since the last inspection the provider had introduced new support planning and assessment documentation. The person's support plan and risk assessment had been reviewed so it reflected their individual needs and was person-centred.

The person who used the service was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a robust system in place to ensure people's support plans and risk assessments were reviewed regularly and in response to any change in needs. The person using the service knew who the registered manager was and knew they could ask to speak with them if they had any concerns or complaints. The registered manager had actively sought peoples and their representative views, by ringing people or their representatives for feedback.

The registered manager and staff promoted high-quality, person-centred care and support. A range of regular checks had been introduced at the service to identify any areas for improvement and to ensure it provided high-quality care and support. The registered manager had fully embedded these into practice since the last inspection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 September 2019). The provider was in breach of regulation 9 (Person-centred care) and regulation 17 (Good governance) of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met the legal requirements and to ensure they had improved in related areas. This report only covers our findings in relation to the key questions, safe, effective, responsive and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jubilee Angels on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Jubilee Angels

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

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

Inspection activity started on 7 September 2020 and ended on 9 September 2020. We visited the office on the 8 September 2020.

What we did before the inspection

We reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 inspected the service and made the

judgements in this report.

During this inspection

We spoke with the person using the service about their experience of the support provided. We spoke with the registered manager and the supervisor. We looked at one person's support plan. We checked a sample of medication administration records and two staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance documents.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection we found concerns about the assessment of people's risk. At this inspection we found improvements had been made to people's risk assessments. The registered manager had reviewed the service's assessment tool to ensure all areas of a person's risks were identified so they could be managed appropriately.
- We reviewed one person's risk assessment. We found the risk assessments were relevant to the individual and promoted their safety and independence. This included their risks relating to Covid- 19.

Staffing and recruitment

- At our last inspection we found some staff recruitment files did not hold all the relevant information required to show safe recruitment procedures had been followed. The registered manager told us they would check staff files and obtain any missing information. At this inspection we found this action had been completed.
- There were enough staff employed to ensure people's needs were met. Support was provided by the same core group of staff, which promoted good continuity of care.

Using medicines safely

- Medicines were managed safely at the service. Staff competency to administer medication was checked annually. The person's medication records were regularly checked by a senior member of staff.

Systems and processes to safeguard people from the risk of abuse

- The person using the service did not express any concerns about their safety.
- Systems were in place to safeguard people from abuse. The registered manager understood their responsibilities to ensure any safeguarding concerns were dealt with properly. There were no recorded safeguarding concerns at the time of inspection.

Learning lessons when things go wrong

- Systems were in place for staff to record events such as accidents and incidents and complaints. So, lessons could be learnt when things go wrong. At the time of inspection there were no recorded events.

Preventing and controlling infection

- Staff had received infection control training and Covid- 19 training. The service had a good supply of Personal Protective Equipment (PPE). Staff were using PPE in line with the current national guidance to help keep people and staff safe from Covid- 19.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to carry out an assessment of the needs and preferences for care and treatment of each service user. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since our last inspection the provider had introduced new support planning and assessment documentation. The person's support plan and risk assessment had been reviewed so it reflected their individual needs.
- The person using the service provided positive feedback about the staff and the support provided. They told us there was mutual respect between themselves and the staff. They said, "I would more than recommend the quality of the service, support and staff."
- The person's relative had provided positive feedback about the support provided to their family member. Their comments included, "The carers have sometimes gone beyond their duties in caring for my (family member). I would highly recommend Jubilee Angels."

Staff support: induction, training, skills and experience

- Staff were well supported and received supervisions and appraisals regularly.
- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care.
- Since our last inspection care staff had been regularly spot checked to ensure they were supporting people appropriately.

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

- At the last inspection we were not confident a person's eating and drinking assessments fully reflected their needs. At this inspection we found the person's assessment had been reviewed so there was clear guidance in place for staff to follow. The documentation to assess a person dietary needs had also been improved.

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

- The service supported the person to maintain good health by working collaboratively with external health services. Staff told us they had established a good relationship with the person's GP and the local district nurses.

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

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

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

- Staff had received training in the MCA. The person who received support told us they were fully consulted with all aspects of their support. Their support plan also held signed consent to their care and support.
- The registered manager was aware of their legal responsibilities under the MCA.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- At the last inspection we found a person's support plan lacked information to guide staff. At this inspection we found action had been taken to improve the support planning documentation.
- We found the person's support planning was person centred. An account of the person, their personality and life experience, their religious and spiritual beliefs had been recorded in their records. Their personal preferences were reflected throughout their support plan.
- There was a robust system in place to ensure people's support plans and risk assessments were reviewed regularly and in response to any change in needs.

Meeting people's communication needs

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

- Since the last inspection the provider had changed the documentation to assess people's communication needs to ensure they met the AIS standard. The registered manager told us information was tailored to meet people's individual needs. We saw this reflected in the person's communication support plan.

Improving care quality in response to complaints or concerns

- The provider had a complaint's process in place. The service had not received any complaints since the last inspection. The person using the service felt confident they could raise any concerns about their support with the registered manager and staff.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. People's wishes and preferences were explored as part of their assessment of need.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found the quality assurance systems in place to monitor and improve the quality and safety of services required improvement. We also found some examples where policies and procedures were not always being followed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had completed the service's action plan since the last inspection. A range of regular checks had been introduced at the service to identify any areas for improvements and to ensure it provided high-quality care and support. The registered manager had fully embedded these into practice since the last inspection.
- The provider had a range of policies and procedures in place. We did not find any examples where these were not being followed by staff.

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

- The service was consistently managed and well-led. The registered manager and staff promoted high-quality, person-centred care. Staff spoken with were proud to work for the service.
- The registered manager had actively sought people's and their representative views, by ringing people or their representatives for feedback. We saw the feedback for the service had been consistently good. The person using the service knew who the registered manager was and knew they could ask to speak with them if they had any concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open; Working in partnership with others

- The registered manager promoted an ethos of honesty and described how they had learnt from the last inspection. This reflected the requirements of the duty of candour.
- The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and

circumstances in line with the Health and Social Care Act 2008.

- The service had supported the person using the service to maintain their links within the local community. They had also established a good working relationship with external healthcare professionals that supported the person.