J & M Care Limited

SuffolkHomeCare

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place between 27 April and 20 May 2015. The initial visit to the service office was unannounced.

The service provides care to people who live in their own home.

There was a manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had a safeguarding adults policy for staff that gave guidance on the identification and reporting of suspected abuse. Staff we spoke with were aware of how to report suspected abuse.

An assessment of people's needs was carried out prior to the service providing care. This included risks to the individual receiving care and environmental risks. Risk reviews for people were carried out on a planned basis and in the light of any new information.

Summary of findings

There were sufficient staff to support people safely and provide care. When the service staff were running late or in danger of missing calls to provide care to people, the service had back-up plans in place to deliver the care to people.

We saw that care plans had been reviewed on a systematic basis. A member of staff informed us of the procedure used which included the manager overseeing the review notes and updating information onto a computer generated care record. The service was providing support to a number of people that had received care from a previous provider. Confirming the support required and writing up the care plans was being attended to at the time of our inspection. The plan to update the individual care plans was to write up first those with the most changes as a result of the care reviews.

Staff had received training to provide medication safely and the service had medication policies and procedures. We saw gaps in the medication record of one person and this was explained to us that the matter was being resolved with the person and their family so all parties were clear about who and when medication was being administered. The service had a well-equipped training facility and staff had received training in mental capacity.

People and their relatives gave positive feedback about the care staff that provided care. The service provided both supervision and a yearly appraisal to the staff. Staff we spoke with considered they were well supported especially as they could raise matters as they happened with the service senior staff.

People and their relatives told us they were involved in the planning of their care and support. They felt that the service listened to their views. They told us that when they contacted the service their calls were always answered and staff tried to support and help them. At the time of our inspection the service informed us there were no outstanding complaints, although we found all of the senior staff did not have access to the service complaints log. This has been changed since our inspection and now all of the senior staff can access the log and record subsequent action taken.

The service had systems in place to monitor the quality of service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff told us they knew about different types of abuse and how to raise and report these matters if they had any concerns.

The service carried out risk assessments to identify risks involved in providing care to people.

There was a recruitment policy in place and staff confirmed with us that the service carried out checks that determined they were safe to work in the service.

Good

Is the service effective?
The service was effective.

People were supported to have sufficient to eat and drink.

People were supported to maintain good health and access healthcare services when their health needs changed.

Care staff received training in order that they had the knowledge to care for people including the requirements of the Mental Capacity Act (2005).

Good

Is the service caring?
The service was caring

People were involved in making decisions about their care.

Care staff respected people's privacy and dignity when providing care in their home.

We observed staff provide care with kindness and understanding.

Good

Is the service responsive?
The service was not always responsive.

The service visited people in their home to provide care within the agreed time of the identified call time.

Care plans were in place and identified people's preferences.

The service was unable to provide us with its complaints log on the day of our inspection

Requires improvement

Is the service well-led?
The service was well-led.

There was a registered manager in place.

Good

Summary of findings

Regular auditing of care records and risk assessments did take place.

The manager was auditing records and staff were being supervised.

SuffolkHomeCare

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.'

The inspection was carried out by three inspectors.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other sources. We used this information to plan what areas we were going to focus on during our inspection.

This inspection took place between 29 April and 20 May 2015. An unannounced visit to the office of the service was made on 29 April and further elements of the inspection took place 30 April and 07 and 20 May 2015. We visited seven people in their homes and we spoke with fourteen people using the service or their relatives on the telephone. We interviewed seven members of care staff and spoke with a Care Co-ordinator.

We looked at the care plans of the people we had visited and compared these with the records held in the office. We looked at records relating to the management of the service including four staff files.

Good

Is the service safe?

Our findings

One person told us. “I have a key safe; the staff know how to use it, so that makes me feel safe.”

People and carers were provided with information about the risks associated with the provision of care. People we visited in their own homes had risk assessments in place.

People we spoke with told us that they felt safe when receiving care. One person said. “I know the names of the staff who look after me.” Staff we spoke with demonstrated an understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff had been provided with training in the safeguarding of adults from abuse.

We saw risk assessments for risks associated with providing care to people which included moving and handling. One person we spoke with told us. “They spoke to me about how I got out of bed and the help I would have from a carer, just like in the hospital when I was there.”

Environmental risks at the locations where staff worked and care was provided had been assessed. For example trip hazards and use of electrical equipment such as microwaves, kettles and toasters had been assessed. We saw that the service had discussed risk with people and this had been recorded in their care plans. The service recorded accidents and incidents. Within the care file we saw that the service had worked with the person to identify what to do in an emergency. Information about relatives and the person’s General Practitioner had been recorded.

The service had a whistle-blowing policy and we noted that no whistle-blowing had been recorded.

The service had sufficient staff to meet people’s needs. One person told us. “I have a small team of staff that come, so we know each other.” A Care Co-ordinator told us that the service had recruited staff recently and we saw from the recruitment files that the service had followed its own policy and procedure for the recruitment of staff. A member of staff told us about the recruitment process and confirmed that the service had sought information from the Disclosure and Barring service. This is so that people applying to work in care are deemed as suitable. They had not started work until this had been obtained. We saw that the service had interview questions, staff had completed an application form and references had been sought regarding the potential employee.

The service did not have any guidance in the recruitment policy regarding employing people that were related and their subsequent management, which the service is addressing. The service has also employed an apprentice and there was information regarding the apprenticeship but it was not clear if the apprenticeship required additional supervision and monitoring.

A Care Co-ordinator told us that the service set out to provide consistent staff to people and hence staff were assigned to geographical areas for ease of travelling for them.

One person told us. “They give me my medicines when they come, which is three times a day, they are very good and helpful.” Staff told us that they received training in the administration of medicines and yearly refresher training. Records we saw confirmed this.

When we visited people in their homes we saw that medicines administration records (MAR) had been completed other than in one case where we identified some gaps in the (MAR) which we addressed with the management staff. Staff had been trained to administer medicines as part of their induction training. A member of staff told us about the training they had received to administer medicines. They were able to identify that medicines had two names and to be aware of any side-effects associated with the medicines they were administering.

Good

Is the service effective?

Our findings

One person told us. "The staff know what they are doing, calm and confident." A relative told us. "Staff that look after [my relative] are very good at assisting them, they do not take over and do it for them, so that helps with maintaining independence."

People told us that the care staff that supported them had the knowledge and skills to provide the care they required. Staff told us that the induction training they received was good and provided them with the knowledge they needed. One person told us. "We have the opportunity to shadow, that is to go out with an experienced person. There was no pressure from the company it was as much for you as to them to say when you were ready to work on your own." We saw that the care staff completed initial induction training which covered areas such as health and safety, hygiene, safeguarding, mental capacity and moving and handling.

Staff were provided with training relevant to meet the specific needs of people they cared for. We were shown the training room which was well stocked with training aids including videos, medication dosset boxes, beds and hoists so people could practice their skills. We saw in one person's care plan that care staff providing specialist support had been given individual training on managing that person's condition. Each staff member working with that person had been assessed as competent by the service. One member of staff told us that. "We complete our four day induction training and have to pass tests on each subject taught before we are allowed to go out and provide care."

We saw the training matrix which recorded when staff had received training and future planned training. Staff informed us that they had received training both at induction and on-going throughout their career with the service. We spoke to the new training Co-ordinator coming into post and they planned to continue with the current training plan. Staff told us that supervision and spot checks, which is when a member of the senior team visits them while caring in someone's home were not carried out in a planned way, especially following the completion of the probationary period for new staff..

We observed a care worker providing care to a person in their home. We saw that they sought the person's consent before providing any care and support. This was done in an informal manner which put the person at ease?. The service carried out an assessment of a person's capacity before providing care. Staff told us they had received training in mental capacity both during induction and regular refresher training and felt they would recognise if a person's capacity deteriorated. They would then discuss this with their manager.

We saw that the service trained staff to how to record fluid and food charts and also provided information about food preferences for people of various religious faiths and choices such as vegan. One person told us. "I struggle with the microwave, so the staff use that to make me something hot, and they fill my flask, so I do not have to boil the kettle for drinks. "Care plans provided information about food, fluids and specialised diets in order that the staff could support people when this need was identified. Care plans also identified the need to prepare light snacks for people. We saw in the care plans that time had been taken to discuss personal preferences and choices for food. We asked staff how they would ensure that people had enough to eat and drink. Staff told us how they would use food charts to record and monitor people's intake. Staff also told us that they would know from talking to people about their diet and observing any food that had not been consumed. The Care Co-ordinator informed us that the service had a positive working relationship with the local authority staff. Requests for additional time to support people would be given on a temporary basis and reviewed should more time be required with food preparation or helping the person to eat their meal.

People were supported by the service to maintain good health and access healthcare services. We saw in the care plans sections that services such as Doctors and Chiropodists details were recorded and the staff made notes when these resources were used. One person told us. "I felt a little off colour and would not have done so but the carer thought I should see the Doctor so called the Doctor for me, I am glad they did as they gave me some tablets for my chest and in time, I felt better."

Good

Is the service caring?

Our findings

People told us that the care staff who provided care to them were kind and understanding of their needs. One person said. “Can’t say anything other than they are very good.”

The staff, we accompanied on visits to people’s homes knew the people they were caring for. One staff member explained to us the person’s needs and how they planned to provide care, but would check the care plan to see if there had been any changes since their last visit. The person told us. “I am generally happy with the care, no complaints.”

One relative told us. “I am very happy with the care as is my [relative] who they provide the care for, the staff listen to us and do what they can to accommodate us.”

We spoke with staff and they told us about how important it was to have regular schedules so that the saw the same people and could build up a relationship with them. One staff member told us they were caring for someone with dementia and they had struggled to recognise them for the first calls they made. They explained how they pointed to their badge to help the person remember them and spoke about information in the care plan so that the person gained confidence in them. Hence, why the schedule was important so that the same staff provided the care as the person would struggle with new staff they did not know.

The service when carrying out an assessment of people’s needs had used this opportunity to discuss and record people’s views about their care. All people told us they had a care plan and regarding those people that we visited, we saw the plans in people’s homes. We also saw copies of the plans at the service office. We saw that the plans followed a structured template which a Co-ordinator told us was to ensure that the plan covered all the required care components, such as an assessment, care plan personal information and daily records. We saw that the care plans contained information about people’s personal choices. People and their relatives told us they had been actively involved in making decisions about their care and support. Care records showed that people had been consulted and involved in decisions about their care. One person told us. “There is a half an hour television program I like to watch, so we agreed they would come after the show.”

People confirmed their privacy and dignity were respected at all times. Staff understood the importance of respecting and promoting people’s privacy and dignity. They gave examples of how they did this, such as making sure doors and curtains were closed when they provided personal care and assisted people to use the lavatory. One person told us. “I have confidence in the staff, they have looked after me for quite some time, they provide personal care to me, we chat about things as they are working and we share a joke together.”

We observed care workers providing care and support in a respectful manner. We saw that when care workers left a person after providing care they took action to ensure that the person’s needs were met. Staff ensured anything the person may need to hand was within easy reach of them.

Requires improvement

Is the service responsive?

Our findings

One person told us. “After talking with the Social Worker about how I could be helped, they came and spoke to me about what I needed and then confirmed they would come twice a day.”

In each person’s care plan there was an assessment of the person’s needs which had been carried out prior to the service being provided. The assessment was carried out to determine if the service could meet the person’s needs.

Care plans we viewed were written on the service standard care plan document which included the time that staff would attend and the time allocated for the service visit. The care plan was detailed to show how people would like to receive their care and allow the person to have as much choice as possible. For example one care plan we looked at recorded that a person needed assistance with washing, while clarifying what the person could do for themselves and with what they required assistance. The care plans contained personal information including life history about the person and their preferences which would show how they liked to receive their care and support.

People’s preferences were recorded and acted upon. For example, one person told us they preferred one gender of care worker supporting them and the service had taken account of this and the person confirmed they received care from their chosen gender of carer.

People we spoke with did feel confident to contact the office to make a complaint or raise a concern. A person told us. “I have never had need to complain but I would speak with the staff in the first instance if I had to resolve things.” One relative told us. “I have spoken with the office staff to clarify things but not to complain. They were helpful and if I did want to complain I would have no hesitation of doing so”.

One person told us the service had missed a visit to them only once. They said they contacted the office and another staff member came to them instead so all was alright and that carer was very good. The service also explained to them they were in process of contacting them to re-arrange the call visit when they had called the office.

Another person told us. “Never had to make a complaint but I do call [named member of staff] and talk about things, if they are not there I would talk to the manager and I know them also.”

We saw that the service had a policy and procedure for reporting complaints. On the day of our inspection the staff were unable to access the complaints log. This meant they could not be sure of how many complaints were outstanding and the work that had been taken to resolve the complaints. We could not be sure that the service had recorded any complaints since 2010, while our understanding was that two complaints had recently been made. Hence we could not be assured that the service complaints policy was effective.

As we could not be sure that complaints had been recorded we could not be sure that the service encouraged people to complain appropriately, or responded to their complaints in line with their own policy and how the service staff could learn and develop from any lessons learnt.

The service has implemented a change as a result of this information so that now the senior staff can access the complaints log. We are now aware of four complaints having been logged and the service had taken action to resolve the issues identified to the satisfaction of all parties concerned.

Good

Is the service well-led?

Our findings

There was a clear management structure including a registered manager. Senior staff were currently undertaking further professional management qualifications to enable them to further develop their skills. Staff told us that they found the senior staff approachable and that they set a culture of person-centred care.

Prior to our inspection we received information that some staff did not have sufficient time to travel between call visits and spend time with the person to deliver the care required. We found that the service did not formally record on its system travelling time. This was because the system in use could only record 15 minute blocks of time and often the travelling time was less than 15 minutes.

We discussed this with a Care co-ordinator and they showed us the system and explained to us how a care staff schedule was compiled. Although the system did not allow for the recording of travelling time, sufficient travelling time was provided the Care Co-ordinator informed us over the time of the allocation, although this view was not shared by all staff. The Care Co-ordinator showed us their system for monitoring missed calls and late calls and how the service would respond to such situations. One member of staff told us. “I do have sufficient time to provide the care that is required as per the care plan.” This view was also not shared by all staff.

Staff told us that they felt supported by there being an on-call service. The service provided an on-call service to support staff either from the manager or one of the four care Co-ordinators plus the sister service based in Cambridge is also available for support.

Staff told us they did feel supported by the service. They gave examples of a stable rota and annual leave requests being granted. A Co-ordinator explained to us the difficulty in arranging a staff meeting for in excess of 85 staff. So the service communicated by a newsletter. Some sensitive information was recorded in the newsletter for staff only, but his could have been worded with regard to preserving dignity and referred the staff to look at the care plan. We saw that meetings with small numbers of staff had been arranged within the geographical service areas that they worked.

The service had absorbed the work of another domiciliary care service since our last inspection and this had proved difficult as explained to us by various staff members with regard to the amount of additional work this required. This was further compounded by staff’s sickness in the senior team. We found that care staff had received regular supervision to ensure their knowledge and practice was provided effectively. Staff received supervision during and shortly after their induction period. We saw records that confirmed supervision and field supervision sometimes referred to as spot checks were taking place.

A Care Co-ordinator explained to us that the service was reviewing peoples care on a priority basis given the difficulties of the additional work explained above. The service had decided it would review the care of all people that had received care from the previous service. Care reviews had taken place and changes agreed were recorded in the plans at the person's home. At the time of our inspection the individual plans were being re-written as a result of the reviews. This meant that both the person and service would have a copy of the support plan written on the documents used by this service.